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ABSTRACT

By May 1989, 29 states and territories had mandated HIV/AIDS education in their public schools. Rural schools face special problems in the delivery of such education. From telephone interviews and a survey questionnaire, 32 rural school districts across the country were identified that use effective strategies in their HIV/AIDS education programs. This manual presents these programs as chapters, alphabetically by state. Each chapter describes: (1) community and school demographics; (2) the state and local contexts of HIV/AIDS education; (3) specific strategies that have been effective in the areas of curriculum, curriculum integration, parent and community involvement, staff training, skill building, funding, program evaluation, and program expansion and update; (4) program features that are specifically rural; and (5) suggestions for other schools. Effective strategies are indexed. Appendices contain a catalog of suggestions for program development and implementation and a summary of rural features of the 32 programs. This report contains 54 references. (SV)

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What Works?
HIV/AIDS Education in Rural America

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Introduction

The need for schools to take an active role in educating children about the HIV/AIDS epidemic is increasing. As of July 31, 1989, 398 teenagers were diagnosed with AIDS. This was a 51% increase from the year before (Wigfall-Williams, 1989). Because the HIV virus may have an incubation period of up to ten years, many people in their twenties diagnosed with AIDS may have become infected as teenagers. There is no cure for this disease. Education and changes in behavior are the only methods of stopping this epidemic.

Adolescence is a time of experimentation in risk-taking behaviors such as unprotected sex and alcohol and drug use. Wigfall-Williams (1989) reports that on average, first sexual intercourse occurs for men at the age of 15.7 years, and for women at 16.2 years. By age nineteen, 78% of men and 66% of women have had sexual intercourse. However, only 24% of sexually active teenage women use contraception consistently and of these, only 21% use condoms to prevent sexually transmitted diseases. Rates of STD's are higher in adolescents than in any other age group (Shalwitz, 1988). Over 25% of teenage women have been pregnant (Kenney, 1987).

Drug and alcohol use also puts adolescents at risk of HIV infection, not only from contaminated IV needles (about 1% of teens use IV drugs), but from increased risk of unprotected intercourse due to impaired judgment while under the influence of drugs or alcohol (Wigfall-Williams, 1989). In 1987, 92% of high school graduates began drinking before graduating (Wigfall-Williams, 1989), and 25% of students in another survey reported recent marijuana use (Shalwitz, 1988).

Nearly one million teenagers run away from home each year and approximately 200,000 of these adolescents become involved in drug use, drug trafficking, and in exchanging sexual activity for food, shelter and drugs. Other activities that contribute to the risk of HIV infection for

adolescents include the use of dirty needles for ear piercing, tattooing, or illegal steriod injection (Wigfall-Williams, 1989).

As of May, 1989, 29 of 55 U.S. states and territories have responded to this crisis by mandating HIV/AIDS education in some form in their public schools (NASBE, 1989). The range and content of these mandates vary widely, as do the characteristics of local schools and communities. However, guidelines for making HIV/AIDS education effective are suggested by what has proven effective in teenage pregnancy prevention.

According to a recent report (Haffner, 1989), providing information alone does not change behavior, nor does just providing services. Effective pregnancy prevention involves skill-building for communication, decision-making, assertiveness, peer refusal and to develop an individual's ability to seek and obtain further information and resources. Effective programs are likened to direct services. They address adolescents' feelings of immortality and invincibility. Using peer leaders or in other ways involving adolescents in program design and implementation has been shown to be very effective. Involving parents and the community as a whole in educational efforts enhances the effectiveness of programs. Additionally, effective pregnancy prevention programs must focus on the responsibility of both boys and girls. According to Paulk (1985), the program needs to be long enough to effect significant, lasting behavior change and should be comprehensive, integrating pregnancy prevention with the various surrounding issues. Helge (1989b) stresses the importance of addressing student self-esteem in prevention programs. Not only must programs help adolescents develop the capacity to avoid pregnancy, they also must help them achieve the motivation to do so.

Guidelines for evaluating the effectiveness of HIV/AIDS education programs have been developed to address a variety of concerns. The Centers for Disease Control suggest basic program and content guidelines for different age students (1988). Shalwitz (1988) suggests

educational guidelines that focus on communicating effectively with adolescents and integrating information and services into the broader context of their lives. A recent report from the Center for Population Options (1989) discusses guidelines for an integrated community effort in providing effective HIV/AIDS education. The National School Boards Association (1989) has compiled guidelines for evaluating the overall comprehensiveness of HIV/AIDS education programs.

Recently, studies have begun to look at the special needs of rural and small schools in presenting HIV/AIDS education. In "Needs of Rural Schools Regarding HIV Education" (Helge, 1989a) the problems specific to rural schools are identified. They include community and parental resistance to sex education, lack of qualified personnel, the prevalence of at-risk students in rural areas, a lack of successful role models, and a lack of health and counseling resources for adolescents. Even where there exists a state mandate for HIV/AIDS education, rural sex education is often minimal (Helge & Paulk, 1989). Most rural programs permit parents to excuse their children from HIV/AIDS education. Most programs (59% of those responding to a national survey) took place in one day or less, and most excluded lower grades from HIV/AIDS education (Helge & Paulk, 1989). In a field test of HIV/AIDS curricula in rural schools (NRSSC, 1989), curriculum materials were selected on the basis of compatibility with traditional conservative community values.

Clearly, rural areas need special approaches to effective HIV/AIDS education. Helge (1989a) has suggested that successful approaches will include curricula that are compatible with community values and mores, support and involvement of parents and community members, alternative social activities and reward systems for teens, qualified and willing teachers, and successful role models. Program implementation in rural areas will need to take into account the economic and cultural resources available (Helge, 1989a).

Methodology

In August through November, 1989, thirty-two rural and small schools and districts were contacted by telephone and questioned about specific strategies they had found to be effective in developing and presenting HIV/AIDS education programs.

Twelve of these schools and districts had field tested selected HIV/AIDS curricula for an NRSSC study (NRSSC, 1989) and had already provided detailed information on curricula and program implementation.

Twenty of these schools and districts were selected as the best schools providing HIV/AIDS education from among those schools which responded to a survey questionnaire (Helge & Paulk, 1989). Ten factors were used to evaluate these responding schools:

1. Percentage of grade levels that are provided with HIV/AIDS education.

2. Whether or not parents may excuse their children from this instruction.

3. Length of instruction.

4. Comprehensiveness of program.

5. Whether or not related programs are offered.

6. Whether or not there is parental, student and/or community involvement in developing the HIV/AIDS education program.

7. Whether or not HIV/AIDS education is presented by qualified personnel.

8. Whether or not special training or information is provided to general staff.

9. Whether or not there is a system in place for program evaluation.

10. Whether or not special populations of students (special education, non-English speaking) are provided with HIV/AIDS education.

How to use this manual

The thirty-two schools and districts that participated in this survey are presented as chapters in alphabetical order by state. Community and school demographics are described for ease of comparison. Then the state context (NASBE, 1989) and the local context of HIV/AIDS education are summarized to provide background information. Specific strategies that have been effective for each school or district are then listed. Finally, each chapter describes features of that HIV/AIDS education program that are specifically rural, and offers specific suggestions for implementing effective educational strategies.

The Strategy Guide is organized to index the schools in this survey who have developed or used an effective strategy of a particular kind. For example, all schools who have used or developed an effective K-12 curriculum are listed together. And again, all schools who have developed effective parental involvement strategies are listed together.

The Suggestions Catalogue lists by subject specific suggestions for implementing effective HIV/AIDS education programs. The participating schools and districts have offered these suggestions in addition to information about specific strategies that have proven effective.

The rural features of these HIV/AIDS education programs are summarized to highlight the special needs and characteristics of rural areas in providing effective HIV/AIDS education.

Summary and conclusions

The thirty-two small and rural schools that participated in this survey have each met the unique challenge of HIV/AIDS education in practical and creative ways. Although specific strategies vary with the schools and communities, some general features of effective HIV/AIDS education program in rural and small schools have emerged.

These schools and districts have found it most practical to integrate HIV/AIDS education into ongoing health education programs. Some districts initially presented the information in assemblies or special programs, and some schools still present updated or adjunct information in this way. In some areas, the need to provide HIV/AIDS education has provided the impetus necessary to develop sex education and alcohol and drug abuse prevention programs where they did not exist. The schools and districts that had programs for teen pregnancy prevention, alcohol and drug abuse prevention, and skill-building already in place were able to integrate HIV/AIDS education with ease. Some schools have been able to integrate the information into several academic subject areas.

Most of these schools and districts report that their communities are "conservative" and that this has presented a challenge in providing HIV/AIDS information to students. The most commonly used strategies for coping with parental and/or community resistance are education programs and involvement programs. Where parents and interested community members had access to proposed curriculum materials and were involved in the curriculum development process, schools were able to obtain important community support and assistance. In most areas,

parents are offered the option of excusing their child from HIV/AIDS education, but in practice very few parents have done this.

Denial of the threat of HIV infection is a commonly reported characteristic of rural students and their parents. Helping people understand that geographic isolation alone does not protect them from infection and that the HIV/AIDS epidemic is relevant to their lives are major objectives in some programs.

There appears to be a wealth of HIV/AIDS curriculum material for different grade levels available to rural schools and districts. The challenge for these schools has been to select materials that are current, accurate, and can be tailored to fit specific classroom needs.

Having current information has been recognized by these schools as important not only in educating students, but in persuading community members to support HIV/AIDS education. Similarly, ongoing inservice training for teachers is provided in most of these schools and is seen as an important part of the overall program.

Most schools evaluated the cost of their HIV/AIDS education programs as very minimal due to state assistance, local health department assistance, and the abundance of available curriculum materials.

Challenges for the future were identified by some of these schools: 1) involving students more directly in program planning and implementation, 2) expanding instruction to include all grade levels, 3) keeping current with HIV information and updating curricula, and 4) developing program evaluation methodology.

Although the challenges continue, there are rural and small schools throughout the country that are providing outstanding HIV/AIDS education programs. The strategies that have been successful for these districts in program planning, implementation, evaluation, and improvement can serve as models for other schools in meeting their HIV/AIDS educational challenges.

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Delmar School District
8th and Jewell Streets
Delmar, Delaware 19940

Program 1

Contact: Wayne C. Bastian, Ed.D., Superintendent
(302) 846-9544

SETTING

Community: Delmar is a conservative rural farming community of about 2,400 on the Delaware/Maryland border.

School: The student population is predominantly white; about 18 percent are racial minority students, and of these the majority are black students. There are 590 students in grades 7-12 at this school. The average classroom size is 28-30.

HIV/AIDS EDUCATION CONTEXT

State: HIV/AIDS education must be taught to all Delaware students as part of comprehensive health education. The state education agency has developed a curriculum guide for comprehensive health education for K-6, 7-8, and 9-12, and conducts inservice trainings for health educators, school nurses, youth workers, and other HIV/AIDS instructors.

The state education agency is beginning an AIDS/health awareness program intended to educate school staff about health issues and to involve them in promoting student health.

Local: There is not a major drug use problem in the student population. Because of the close proximity of this community to larger cities and because of the local tourism industry, students are not isolated from ongoing contact with other populations. Their risk of contracting the HIV virus would primarily be from sexual contact.

HIV/AIDS education is provided in 7th, 8th, and 9th grades to approximately 350 students for one week. It is taught in health education classes as part of a unit on sexually transmitted diseases. There has been an assembly for high school seniors on HIV/AIDS.

EFFECTIVE STRATEGIES

Student Involvement: Students worked with teachers in Health classes in the presentation and design of HIV/AIDS educational materials. Their feedback allowed teachers to tailor the state's standard curriculum to the needs of local students.

Staff Training: All staff have had inservice training about HIV/AIDS and practical health concerns. A community doctor has assisted faculty in presenting information and is available to them as an advisor. Additionally, faculty and counselors have been trained to recognize at-risk students and situations.

Skill-building: Self-esteem, self-assessment, problem recognition, and problem solving are taught in special classes for at-risk students by trained teachers and counselors.

Cost Evaluation and Funding Resources: There is a pool of volunteer doctors and nurses in Delaware. They are also available for inservice training advisors to faculty at no cost to schools.

RURAL FEATURES OF THE PROGRAM

full advantage is taken of the fact that this is a rural community. Because of the small size of the community, people know each other. This facilitates open discussion between students and teachers. The trust that exists is important because this is a conservative community and people are not accustomed to talking openly about sexual matters.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Be committed to providing an HIV/AIDS education program.

2. Take time to educate those who object to the teaching of HIV/AIDS. Explain the program's value in terms that they can appreciate and understand.

3. The most difficult task may be to educate and involve parents. However, this is ultimately an important part of the program and efforts should be continuous.

Panhandle Area Educational Cooperative (PAEC) Program 2
411 West Boulevard
Chipley, Florida 32428

Contact: Kay Emerson-Roy
(904) 638-4131

SETTING

Community: This agency covers nine primarily rural school districts in an area of about 34,000 square miles. The area is described as very conservative, "Bible belt" community. The economic base is primarily agriculture, small business and light manufacturing.

Schools: There are over 5,000 students in grades K-12 in these districts; the average classroom size is 28 students. About 75 percent of the student population is white and 25 percent is black. There are very few Hispanic students.

HIV/AIDS EDUCATION CONTEXT

State: Students in Florida must receive HIV/AIDS education in a life-management skills course in grade 9 or grade 10, and may receive HIV/AIDS education as part of the comprehensive K-12 health education requirement. The state education agency is training health education supervisors through statewide workshops. These individuals will then train teachers and staff in local districts.

The state health and education agencies have held HIV/AIDS workshops for principals, administrators, and school board members. The Prevention Center, within the state education agency, emphasizes peer education, and has plans to update all educators about AIDS through an electronic mail system.

Local: All students in grades K-12 receive HIV/AIDS education. Instruction is presented for three hours in grades K-3, six hours in grades 4, 5, and 6, eight hours in grades 7, 8, and 9 and ten to fifteen hours in grades 10, 11, and 12.

Students are at-risk of HIV infection in this area primarily because of ignorance and the common attitude that the AIDS epidemic will not touch their community because it is only happening in big cities.

EFFECTIVE STRATEGIES

Curriculum: The original curriculum, *AIDS K-6* (Emerson-Roy, 1988) was developed by twelve teachers from six school districts using a combination of resources as well as original materials designed by the project leader. (See Contact Person above.)

The *AIDS Elementary School Program* (Dade County Public Schools 1987) curriculum was used as a basis for this curriculum. Then other new materials and resources were developed--costumes, puppets, flannel-board storytelling, games, videotapes, books, pamphlets, coloring books, worksheets, posters, flashcards, role playing situations, video recorders, and collages. An activity-by-activity resource list is included in the curriculum.

Several different curricula are used in grades 7-12 in area schools: 1.) *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a); 2.) *AIDS Health/Life Management Skills Senior High School Program* (Dade County Public Schools, 1986b); 3.) *AIDS Prevention Program For Youth* (American Red Cross, 1987a); 4.) *What You And Your Friends Need To Know* (Downer & Miller, 1987); and *AIDS: What Young Adults Should Know* (Yarber, 1987). All are reported to be comprehensive, conservative, easy to understand and present, and appropriate for this student population.

One advantage of having teachers develop curricula in a group process is that information and materials can be tailored to specific classroom needs.

Parent Involvement: Having children present curriculum materials at parent-attended events has worked to educate and involve parents.

Community Involvement: Children's presentations, food offerings, and special invitations have worked to attract community members to meetings. In this community, it was important to have open church support. At one meeting a local Baptist minister was invited to lead prayers. By involving the church community, the Red Cross, and parent-teacher organizations, the communities not only were open to the development of HIV/AIDS education, but gave their support to the school districts' efforts.

Staff Training: Food service workers, bus drivers and other general staff received inservice training on HIV/AIDS and health concerns. All K-6 teachers in each district received inservice training from PAEC on the newly developed curriculum.

Program Expansion: New resources, materials and activities are being developed by PAEC to augment curricula that are already in place.

Cost Evaluation and Funding Resources: The Florida Department of Education offers grants to school districts for developing comprehensive health education programs.

Staying Current: Updated information is available from the Centers for Disease Control and the state health department.

RURAL FEATURES OF THE PROGRAM

The curricula now in use were chosen and/or developed to fit the conservative values of these communities and to be easy for teachers to understand and present.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. It is important to stress health issues when presenting HIV/AIDS education proposals to school boards. It is important to be convincing, and to use good sales techniques.

2. Exchanging information, materials and program evaluations with other school districts across the country will enrich and refine HIV/AIDS education programs.

Murtaugh Joint School District #418 Program 3
Box 117
Murtaugh, ID 83344

Contact: Dr. Frederick DiazGranados
(208) 432-5451

SETTING

Community: Murtaugh is a very small, conservative agricultural community about 20 miles from the nearest small town.

School: There are 290 students in grades K-12, and the average classroom size is 20. The student population is primarily white, with 10 percent or less of Hispanic background.

HIV/AIDS EDUCATION CONTEXT

State: There is no HIV/AIDS education requirement for students in Idaho. The state education agency is working with the state board of education to develop recommendations for HIV/AIDS education, and is holding trainings for policy-makers, administrators, and teachers. Teacher training and staff inservices are also available on request from the state education and health agencies.

The state education agency is working to reach Native American youth and also has provided training to people who work with Hispanic youth. An HIV/AIDS prevention committee for out-of-school youth has been established. Plans are underway to increase local support for HIV/AIDS education.

Local: HIV/AIDS education is presented informally in health education discussions in grades K-3, formally for one hour in 6th and 8th grades, and formally for one week in grades 4, 5, 7, 9, 10, 11, and 12.

There has been strong community denial that an HIV/AIDS problem could exist there. Students are more likely to see that the HIV virus is a threat than are their parents.

EFFECTIVE STRATEGIES

Curriculum: The school district's AIDS Education Subcommittee developed a framework for AIDS education and chose curricula from a wide variety of materials to best fit the developed framework. This committee was composed of two teachers, a teacher's aide, a middle and high school principal, and the school district superintendent. In making its final curriculum decisions, the committee was heavily influenced by community values. For example, modifications in grades 9 and 10 curricula were made to de-emphasize the concept of "safer sex" and to emphasize abstinence. In grades K-2, teachers answer questions as they arise, according to the U.S. Public Health Service guidelines (Centers for Disease Control, 1988). In grades 3 and 4, teachers include a discussion on AIDS based on the above as a part of the normal health unit on communicable diseases. In grade 7, the curriculum *AIDS Health/Life Science Junior High School Program* (Dade County Public Schools, 1986a) is used as a unit in the health education class. In grade 9, *AIDS Health/Life Management Skills Senior High School Program* (Dade County Public Schools,

1986b) is used as a unit of instruction in the physical education class. For the first year of the program, this unit was taught in both 9th and 10th grade physical education classes.

In grades 11 and 12, A Teaching Unit on AIDS developed at Idaho State University (Girvan, 1988) is used as the basis for a unit of the health education class.

Additionally, annual assemblies, conducted by qualified personnel, are held for all middle and high school students. At those times, current information is discussed and student questions and concerns are addressed.

Community Involvement: It is important in this community for any education program dealing with sensitive material to integrate community values. In order for this to happen, information needs to flow both ways and continuously.

To facilitate this, the community was given access to the curriculum and was invited to the annual HIV/AIDS assemblies for the middle school and high school.

The local health district supplied audiovisual materials for the curriculum committee to review.

Staff Training: Prior to curriculum development, an HIV/AIDS policy was developed to inform all staff about the epidemic and how to handle specific cases that occured.

After the curriculum was developed, the 7-12 grade health education teacher and all elementary grade teachers were provided with inservice training.

There was reluctance on the part of some teachers to present what they felt was sensitive material. Inservice training focused on changing teacher roles and provided for individualized assistance.

Skill-building: Decision-making, self-esteem, problem-solving, and assertiveness are taught in drug and alcohol education units in grades K-12.

Measurement of Program Effectiveness: A pre-and post-test was given to all students before and after HIV/AIDS instruction, and test scores markedly improved. The Dade County, Florida curriculum pre- and post-test instrument was used but modified so that the tests were the same for a more meaningful comparison.

Cost Evaluation and Funding Resources: The HIV/AIDS education program has cost the school district practically nothing. Curriculum materials were provided by the county health department and by the National Rural and Small School Consortium (NRSSC). An estimated $500 per year will be spent on updating materials, inservice trainings, and ongoing program review.

It was suggested that federal money that is available for drug education might also be used to assist in HIV/AIDS education.

Staying Current: The state of Idaho offers continuing information and inservice training.

The AIDS Education Subcommittee of the Board of Trustees will review the curriculum prior to the beginning of each school year to determine whether any modifications are necessary, and to update information and procedures.

The local health district's nurse has many resources. The school district relies on her to update curriculum information and to present annual special assemblies for students.

RURAL FEATURES OF THE PROGRAM

Providing straight, matter-of-fact information balanced with attention to community's values is important in presenting HIV/AIDS education in a rural setting. Efforts were made to understand and determine community standards and values before determining specific curriuclum information to emphasize.

The district received HIV/AIDS assistance and resources from the National Rural and Small Schools consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. For 5th grade students it is important to define and explain viruses, bacteria, "germs", antibodies, and simple heredity mechanics. These students will likely not have encountered this information before. However, it is information that they can understand and even request, and it is important to their understanding of HIV/AIDS.

2. Pre- and post-tests given to students should be the same test so that comparative results are meaningful.

3. It is important to ascertain the communities standards and values in order to know what information to emphasize in the curricula.

4. The district health department staff may be willing and available to present explicit material that is difficult for teachers to present.

East Coloma School
Dixon Road
Rock Falls, IL 61071

Program 4

Contact: Joan Jensen Moran, Physical Education/Health Instructor
(815) 625-0595

SETTING

Community: Rock Falls is mainly a conservative, farming community close to a larger city. Many residents are employed by a nearby steel mill. Due to lay-offs, population and school enrollment are dropping.

School: There are 290 students in grades K-8. They are predominantly white There are a very few black and Hispanic students. The classroom size varies between 20 to 35 students, with some classrooms composed of two grade levels.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades 6-12 must receive HIV/AIDS education as part of the Critical Health Problems and Comprehensive Health Education requirement. The state education agency has developed materials for grades K-5 and is providing teacher training for HIV/AIDS educators. Seminars are also being planned to assist policymakers to deal with local curriculum development and community involvement.

The state health agency is reaching out-of-school youth through school-based clinics, through its school-age parent programs, and by employing peer educators to talk to youth in local community recreational and job training programs.

Local: HIV/AIDS education is provided to about 68 students in grades 7 and 8 as part of a health education unit.

The student population is described as somewhat naive and unsophisticated relative to urban children, and this may contribute to their risk of contracting the HIV virus.

EFFECTIVE STRATEGIES

Curriculum: A specialized 7th and 8th grade HIV/AIDS curriculum was developed from these curricula: *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a) and *AIDS Prevention Program for Youth* (American Red Cross, 1987a).

The film "A Letter from Brian" (American Red Cross, 1987b), was used to introduce the HIV/AIDS unit and had a favorable impact on students because it presented a real life situation.

Community Involvement: Because of the state's legal mandate for HIV/AIDS education, there was no overt community opposition. It has been important, however, to communicate with concerned adults in a tactful and informative manner.

Outside speakers have been brought in from the county health department and from Lutheran Social Services to provide students with updated and broad based information.

Goal Clarification: Since the program was first designed and presented, it has become apparent that, because of media coverage, students are now much more knowledgeable than was originally anticipated. They are also more opinionated and ask more detailed questions. As a result, program objectives have been altered somewhat: a goal now is to determine what erroneous pre-conceived notions exist and to re-educate students. However, as a result of the increased exposure of students to media information, HIV/AIDS is easier to teach because students are less shy about the subject matter.

Program Expansion: Because of the success of the 7th and 8th grade program, this school plans to expand HIV/AIDS instruction into 5th and 6th grades.

Additional curriculum materials will be added to the existing program to meet the student demand for more information. More videos, slide shows and materials from other states' curriculum will be used.

Measurement of Program Effectiveness: A student attitude survey was designed and given to students before and after HIV/AIDS instruction along with a combined pre-and post-test instrument from the Dade County, Florida, Public Schools curriculum. There was definite improvement in student scores.

Cost Evaluation and Funding Strategies: The HIV/AIDS program has cost nothing except for time and start-up materials. An important adjunct to the program is to use volunteer speakers from local service agencies to present information. This will not entail any additional program costs.

Staying Current: The HIV/AIDS instructor relies upon the newspaper and the county health department for informational updates.

RURAL FEATURES OF THE PROGRAM

Because of the small size of this community, there has been opportunity over many years for parents and teachers to know each other. This has resulted in sufficient trust and respect for the instructor to enable her to present sensitive information and receive the tacit support of parents. Rural teachers often have this advantage.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. The local health department will be a great resource.

2. A student handbook or workbook for junior high students would be an instructional asset.

3. Bringing in other professionals to speak on HIV/AIDS and related subjects provides variety and interest and broadens the educational base for students. This strategy also lends the program additional credibility.

4. It takes awhile for students to "warmup." Beginning the program with discussions of real-life situations helps to "break the ice."

Southern Wells Community Schools
9120 South 300 West
Poneto, Indiana 46781

Program 5

Contact: Michael Bushong, Superintendent
(317) 728-5537

SETTING

Community: Poneto is an agricultural community with a few small towns and little industry. Conservative values predominate.

School: There are 865 students in grades 1-12. Classroom size varies from 20 to 29.

HIV/AIDS EDUCATION CONTEXT

State: Students must receive HIV/AIDS education in Indiana. School districts must "integrate HIV/AIDS education to the extent possible with instruction on other dangerous communicable diseases." The state education agency has developed a curriculum for secondary grades and holds joint workshops with the state health agency for local HIV/AIDS education coordinators, health educators, and local curriculum coordinators.

The state board of education policy addresses additional issues: how to integrate HIV/AIDS education into existing programs and various instructional areas, which students to target first, library development, and coordination of activities with the state health agency.

Local: HIV/AIDS instruction is provided in grades 3-12. There is not a formal program in grades 3-6. However, there are about two hours of formal instruction in grades 7-12 in health education classes and special assemblies.

This student population is believed to be low-risk for HIV infection due to the physical location of the community in relation to urban and suburban areas.

EFFECTIVE STRATEGIES

Parent Involvement: The school nurse makes the curriculum and education materials available to parents for their review and comment.

Parent representatives are also active on the AIDS Committee which is revising the current curriculum.

Student Involvement: The student body representatives to the student council are members of the AIDS curriculum committee.

Community Involvement: Because it has been a goal to achieve the sanction of the community as a whole, community members were invited to serve on the AIDS curriculum committee. This committee now consists of administrators, teachers, parents, county health department personnel, a doctor, a minister, and students.

Skill-building: Decision-making, self-esteem, problem-solving and assertiveness are taught within the DARE drug and alcohol abuse prevention program (Los Angeles Unified School District, 1984-1989), which ties in easily with HIV/AIDS instruction.

Program Expansion: New curriculum materials are being solicited and reviewed to revise the current curriculum and to develop a formal curriculum for grades K-6. The plan is to gather information and resources for the AIDS curriculum committee which will then develop a model curriculum for all grades. All staff will then be involved in discussions to obtain their feedback on the curriculum. Next, school board approval will be sought, and when obtained, inservice training for teachers at various grade levels will begin.

Measurement of Program Effectiveness: An important component of the program expansion process is developing student learning outcomes and student behavioral outcomes for the curriculum so that the program's effectiveness can be evaluated.

Staying Current: It is the responsibility of the school nurse and the superintendent to stay current with HIV/AIDS information. The state board of health provides up-to-date statistics, the school nurse attends nurses' conferences, and the McMillan Health Center in Ft. Wayne provides additional instructional resources.

RURAL FEATURES OF THE PROGRAM

Because of the conservative values prevalent in this community, the presentation of material has to be handled very tactfully and with sensitivity. Including community members on the curriculum development committee has worked to open a dialogue between educators and the conservative elements of the community. It is believed that this dialogue will address the concerns of both groups and result in the most workable HIV/AIDS education program.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Use outside speakers to help present sensitive information.

2. Personal invitations to parents and community members to view the HIV/AIDS education process and materials serves as an additional basis of informed involvement.

3. Having an ordered process for curriculum development will assist a broad-based committee in completing its task.

Rudd, Rockford and Middle Rock Schools
Box H
Rockford, IA 50468

Program 6

Contact: Lynn Hansen, Superintendent
(515) 756-3610

SETTING

Community: Rockford is a rural, agricultural area with three small towns.

School: There are 665 students in the district in grades K-12. The average classroom size is 20-22 students for elementary grades, 13-14 students in junior high classes, and 18-20 students in high school classes. A large majority of students are white. There are a few Hispanic, Vietnamese and black students.

HIV/AIDS EDUCATION CONTEXT

State: Students must receive HIV/AIDS education in grades 1-12 in Iowa. The state education agency has developed a grades 7-12 resource manual for teachers and is developing an model curriculum for elementary students. Each regional education agency offers training to district teams that will then train health educators in local districts.

The state education agency has developed a philosophy statement which addresses the subtle, sensitive issues involved in teaching HIV/AIDS and in serving HIV infected students and staff. The statement is aimed at presenting a positive approach to deal with all aspects of the AIDS epidemic.

Local: HIV/AIDS education is currently provided in grades 3-12 to about 560 students. Students in grades 3 and 4 receive 1 hour of HIV/AIDS instruction; in grades 5 and 6, two hours; in grades 7 and 8 a half day; and in grades 9-12, students receive 20 semester hours. The curriculum was initially developed and implemented by a group of interested teachers from materials provided by the area education agency.

The risk of HIV infection in this student population may be increasing due to increased student mobility. It is no longer an isolated community, and students may obtain driving permits at age 14.

EFFECTIVE STRATEGIES

Parent Involvement: Parents known to be supportive and interested have been personally invited to participate on a committee that will be designing a comprehensive human growth and development curriculum for grades 1-12. The curriculum will be implemented next year.

Student Involvement: Student representatives in grades 5-12 have been selected by principals and teachers to participate on the "Human Growth and Development" curriculum committee.

Community Involvement: Personal invitations by teachers and principals to community members such as ministers have resulted in monthly visits by interested community members to classrooms, and in their participation on the

curriculum development committee. Once a few people had visited and become involved, the word spread that the school district was open to involvement. Many interested people have asked to participate.

Curriculum Integration Strategies: The primary objective of the curriculum development committee is to integrate HIV/AIDS education into a more comprehensive health education curriculum and to have this eduction tailored to the age level, sophistication, and skill level, and sophistication of the students. The program will continue to include assemblies, special programs, and speakers. The HIV/AIDS component will continue to be presented as part of the unit on sexually transmitted diseases. The comprehensive program will also include prevention programs for suicide, pregnancy, and alcohol and drug abuse.

Skill-building: Decision-making, self-esteem, problem solving and assertiveness are taught in general health education classes. They are a specific focus of the gifted and talented programs in both the elementary and secondary schools.

Goal Clarification: Since beginning HIV/AIDS education, it has become evident that the personal aspects of this epidemic are the most interesting features for students. As a result, HIV/AIDS education now begins with an appreciation for the personal tragedy of this disease and expands to a focus on the social and economic tragedy of people being removed from society.

Program Expansion: The entire curriculum will be expanded for the next school year, and will include grades K-2 instruction for the first time. The impetus to do so comes from the state mandate to provide a comprehensive human growth and development program for all grades.

Measurement of Program Effectiveness: The program has been and will be evaluated by 1.) the principal's evaluation of teachers, 2.) teacher feedback on curriculum effectiveness, 3.) the responses of classroom visitors, and 4.) the responses of students to a questionnaire on their knowledge, attitudes, and behavior.

Program Cost Evaluation and Funding Resources: The HIV/AIDS education program costs approximately $12,600 each year in teacher salaries, materials, and special program presentations.

Funding comes from general school taxes. Monies specifically earmarked for at-risk student situations may be used for HIV/AIDS education.

Staying Current: Teachers receive a monthly publication from the state which provides current information on HIV/AIDS.

RURAL FEATURES OF THE PROGRAM

Because the HIV/AIDS epidemic is not present in this community, education is approached in a "low-key" manner. The information presented is not too technical, and the personal impact of the HIV/AIDS epidemic is stressed.

When HIV/AIDS education was first begun, the attitude of students was that it was a waste of their time. Now they are more interested, perhaps as a result of

seeing or reading media presentations abut rural students coming back with HIV infection from their visits to urban areas.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTION FOR OTHER SCHOOLS

In integrating an HIV/AIDS curriculum it is suggested that for the earliest grades the information should be simple, general, not too technical, and presented in such a way as to minimize fear. As children move up in grade level, the amount and sophistication of information should increase.

U.S.D. #218
Box 999
Elkhart, Kansas 67950

Program 7

Contact: Phil Johnston, Superintendent
(316) 697-2195

SETTING

Community: Elkhart is a very isolated rural community in southwest Kansas. Ranching and oil are the major industries.

School: There are 615 students in grades K-12. About 7 to 8 percent of the student population are of Hispanic background; the majority is white.

HIV/AIDS EDUCATION CONTEXT

State: Students must receive HIV/AIDS education through human sexuality education in both elementary and secondary programs in Kansas. The state education agency has developed educational guidelines which address program development, resource selection, curriculum and staff development, program evaluation and parent education. The agency offers workshops to a variety of educators who will be teaching human sexuality and HIV/AIDS education.

The state education and health agencies plan to target out-of-school youth as well, including migrant workers, developmentally disabled youth, incarcerated youth, and homeless youth. They are also working to identify specific at-risk groups for targeted HIV/AIDS prevention.

Local: All students in grades K-12 receive at least one week of HIV/AIDS education in some form.

The risk of HIV infection in this student population is perceived to be small, due to the geographical isolation of the community.

EFFECTIVE STRATEGIES

Curriculum: A curriculum committee composed of parents, teachers, and administrators developed a K-12 curriculum, using state guidelines, to meet the state's mandate to provide HIV/AIDS education.

The curriculum stresses abstinence from IV drug use and sexual activity as the only sure way to avoid HIV infection, and presents information on condom use to adolescent students.

Parent Involvement: Parents were involved in the curriculum development process. As an outgrowth of this, there is now an evening parenting session provided for parents and taught by the high school home economics teacher.

Student Involvement: The high school principal has selected two students from each high school grade level to share information in ongoing goal-setting sessions for all the high school's programs including HIV/AIDS instruction.

Community Involvement: The work of the HIV/AIDS curriculum development committee was first to expand health education to include sex education and information on sexually transmitted diseases. Then the curriculum draft was presented to the ministerial alliance to obtain its support and involvement. A public hearing on the curriculum was then held and was well attended. The curriculum committee made a presentation and asked the community for input and support.

Staff Training: The high school home economics teacher received special inservice training in a comprehensive human growth and development curriculum at the state level. In middle school, the home economics teacher presents the curriculum. In elementary grades, the physical education and health education teacher assist the classroom teachers in presenting HIV/AIDS instruction.

Teachers for the human growth and development curriculum were selected on the basis of student preferences. Students were polled to discover which teacher(s) they would most likely go to, to seek health and sexuality information.

All school personnel received training about the content of the new curriculum. There have been several workshops for faculty and board members.

Skill-building: Enhancing the self-esteem, improving responsible decision-making skills, and improving the quality of life of all students are among the specific goals of the HIV/AIDS education program.

Staying Current: New information and materials are constantly being supplied by the state education agency and are available from educational supply corporations. The HIV/AIDS curriculum now in place will be routinely updated with this new information.

RURAL FEATURES OF THE PROGRAM

The closeness of this small community was an advantage in developing an HIV/AIDS education program and made it easy to involve and/or touch all segments of the community.

Because of the small student population, it is possible to obtain feedback from students that is informal and also useful in program planning and implementation.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Involve as many people as possible from as wide a cross section of the community as possible in HIV/AIDS education planning. All segments of the community, even those not directly involved with children, should be aware of and contribute to the process.

2. It is very important for staff to be trained and qualified to teach HIV/AIDS education.

3. Discover which teachers that students would most likely seek out for information or problem-solving on personal matters. Ensure that those teachers are trained in HIV/AIDS education.

Dirigo Middle School
Middle School Street
Dixfield, Maine 04224

Program 8

Contact: Timothy Kelly, Principal
(207) 562-8255

SETTING

Community: Dixfield is a small rural town with a population of under 3,000 residents. The primary industries are lumber and paper mills.

School: There are about sixty students in each grade level for 5th, 6th, 7th, and 8th grades. The average classroom size is about 22.

HIV/AIDS EDUCATION CONTEXT

State: Maine has no HIV/AIDS education requirement. The state education agency has developed information packets that are used for the teacher training program, and with the health agency, conducts comprehensive training programs for interdisciplinary teams from school districts. These sessions focus on integrating information on HIV/AIDS into required comprehensive health education.

The state education agency's program for HIV/AIDS education encourages districts to develop their own policies and programs, and provides ample resources, updated information, and ongoing assistance.

Local: All students receive ongoing health education, the amount and sophistication of the material increasing with each grade level. HIV/AIDS education is provided in health education classes and in assemblies and special programs.

Risk factors for HIV infection appear to be lower in this student population because of the geographical isolation of the community.

EFFECTIVE STRATEGIES

Curriculum: Last year the curriculum, *Teacher's Curriculum Guide on AIDS for Use by Middle and High School Teachers* (Pies and Stoller, 1987), was field-tested. Students showed definite improvement in test scores.

Although the curriculum was seen as workable and appropriate for most students, it was suggested that a less advanced, more understandable version of this curriculum (or any curriculum) should be provided for students with handicapping conditions. The school health nurse has received a state grant to develop a health curriculum for special education students. This project is in progress.

This year a health curriculum committee has been formed to develop a comprehensive K-12 health education curriculum for the school district. The committee will be designing a curriculum that will meet state guidelines, address specific needs of students, and cover controversial issues in a sensitive way.

Community Involvement: Last year at an evening awareness program for the community, a well-known doctor lectured about HIV/AIDS and many townspeople attended. Parents, dentists, undertakers, doctors, police, hospital workers and firefighters came from Dixfield and neighboring towns to learn about HIV/AIDS.

Staff Training: The first time HIV/AIDS education was offered was also the first time this school had offered sex education. Because some teachers were not comfortable teaching this material, the school health nurse came into classrooms to present the unit on sexuality and also the HIV/AIDS curriculum.

Goal Clarification: The health curriculum committee will be clarifying the goals of a comprehensive health education program as a part of the process of developing a K-12 curriculum.

Additionally, because interest in the HIV/AIDS epidemic appears to have dwindled over the last year or two, it will be a goal of HIV/AIDS education to keep interest in and awareness of HIV/AIDS as high as possible in the community in general.

Program Expansion: After the first year of teaching HIV/AIDS in this school district, the need for a comprehensive K-12 health education program and the need for a HIV/AIDS curriculum for special education students have been identified. Programs are expanding to meet these needs. Inservice training for teachers will also be provided to help them integrate and present the new material.

Measurement of Program Effectiveness: The state education agency has provided a pre- and post-test student evaluation measurement in a curriculum materials packet, and this school district plans to use that instrument to measure the effectiveness of its HIV/AIDS education program.

RURAL FEATURES OF THE PROGRAM

Although HIV/AIDS awareness is high in the student population because of media coverage, parents in this community still tend to regard education about sexuality and related issues as a matter of family responsibility. Therefore, before the unit on HIV/AIDS is presented, parents are informed by notice and have the opportunity to excuse their child from this instruction.

The district recieved HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. An elementary, understandable, tailored version of the standard HIV/AIDS curricula should be provided to students with disabling conditions that require this approach.

2. The HIV/AIDS curriculum should be presented by teachers who are comfortable with the subject matter. The school health nurse or some other qualified person can present this information if the classroom teachers are not comfortable.

3. The more involved parents and community members are in curriculum development, the easier a comprehensive a health education program will be.

Garrett County Board of Education
40 South Fourth Street
P.O. Box 59
Oakland, Maryland 21550

Program 9

Contact: Sarah Wilson, Supervisor of Special Education
(301) 334-8944

SETTING

Community: Oakland is a very rural, agricultural area with some tourism (skiing and water sports).

School: There are approximately 5,000 students in grades K-12 in the school district. The average classroom size is 19 in elementary grades and 21 in middle and high school grades. The majority of students are white.

There are two high school special education programs in this district, with a total of 28 students. The information provided here will refer only to instruction for this student population.

HIV/AIDS EDUCATION CONTEXT

State: HIV/AIDS education instruction must be taught at least once in grades 3-6, 6-9, and 9-12, in Maryland. The state education agency has developed AIDS awareness material for secondary grades, and instructional guidelines for grades 3-12. The agency provides technical assistance and training on request. Local districts usually receive training and inservice workshops in conjunction with local health departments.

The state education agency provides grants to school districts for teacher training and curriculum development. Districts are in the process of tailoring their instructional materials to the needs of special education students.

Local: HIV/AIDS education is provided to all high school special education students.

The community does not see a high risk of HIV infection in this student population, although a risk factor would be students' general ignorance about sexual matters, particularly sexually transmitted diseases. The increased tourism in the area in recent times means that there has been an influx of people and drug transportation through the area, increasing the general risk.

EFFECTIVE STRATEGIES

Curriculum: The curriculum, *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a), and *AIDS Health/Life Management Skills Senior High School Program* (Dade County Public Schools, 1986b) were used and modified according to the needs of individual special education students. The state mandate for HIV/AIDS education also provided format and guidelines for the information to be covered (Maryland Department of Health and Mental Hygiene, 1987). This department has been available for supervision and consultation.

Parent Involvement: All parents of special education students were invited to be involved in the curriculum planning process. Prior to its presentation, parents were asked to review the curriculum and give permission for their children to be taught.

Curriculum Integration Strategies: HIV/AIDS instruction is provided to high school special education students as a part of their health education and daily functioning skills. Pregnancy prevention, suicide prevention and alcohol and drug abuse prevention are also taught in this manner.

Staff Training: Staff from the local health department and classroom teachers team teach the HIV/AIDS curriculum. All staff at the school have received some inservice training on HIV/AIDS; the classroom teachers have received two days of special training from the health department.

Skill-building: Decision-making, self-esteem, problem-solving and assertiveness are all skills that are taught to special education students if at all possible. Skill-building is individualized, and is particularly stressed with emotionally disturbed children.

Measurement of Program Effectiveness: The Garrett County Board of Education has developed an evaluation checklist for all curricula in all school departments. The HIV/AIDS education program is also evaluated in this manner.

Staying Current: The health department is available to conduct inservice training and workshops upon request, and is available for on-going consultation and supervision. The state education agency also offers workshops for educators and administrators. Printed updates and materials are constantly available from a variety of sources and are distributed to teachers.

RURAL FEATURES OF THE PROGRAM

The curriculum and its presentation is targeted toward rural students who are not street-wise and would not understand much of the language and concepts in a presentation geared for urban students. A challenge in teaching rural special education students is to make the HIV/AIDS problem seem real by increasing student awareness. For the most part, this epidemic hasn't touched the community.

The district received HIV/AIDS education assistance from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Adjust the scope and sequence of the curriculum material, regardless of which curriculum is used, to meet individual, school, classroom and/or community needs.

2. A goal of HIV/AIDS education for special education students is to reduce their fears and focus more on preventive skills.

Smith Academy
34 School Street
Hatfield, Massachusetts 01038-0602

Program 10

Contact: David Keir, Health Education Coordinator
(413) 247-5641

SETTING

Community: The town of Hatfield has a population of about 3,300 residents. The area is both agricultural and a "bedroom community" for a growing urban area.

School: There are about 35 students in each grade level 1-12. The great majority of students come from a Polish Catholic background; there are very few minority students.

HIV/AIDS EDUCATION CONTEXT

State: There is no HIV/AIDS education requirement in Massachusetts. The state education agency has developed a grades 9-12 teaching guide on AIDS prevention and conducts workshops for teams from school districts which include a representative of a local community based agency.

The state education and health agencies produced one of the first comprehensive teaching guides for HIV/AIDS education.

Local: In the 1988-89 school year, grade 10 students received HIV/AIDS instruction as part of their health education. Grades 5, 6, and 7 were also presented with an HIV/AIDS curriculum. This year grades 4, 5, and 6 will also receive HIV/AIDS education through The Great Body Shop curriculum series (Children's Health Market, 1987, September-present).

It is estimated that this student population is at low risk for HIV infection because 1.) there is little if any intravenous drug use, and 2.) homophobia is prevalent in the community resulting in very little exposure of students to homosexual individuals. What risk of HIV infection there is for these students would probably come from heterosexual intercourse.

EFFECTIVE STRATEGIES

Curriculum: The curricula, *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a), *AIDS Health/Life Management Skills Senior High School Program* (Dade County Public Schools, 1986b), and the state education agency's curriculum guide (Massachusetts Department of Public Health & Massachusetts Department of Education, 1987) were used as basic materials for designing a tailored curriculum. These were chosen because they were well-written and age-appropriate for the targeted students.

In addition, videos were shown, and group dynamics were used as guidelines for discussion.

Student Involvement: Teachers encourage an open dialogue between teachers and students, and make an effort to obtain specific information for students

when there are requests. In this way teachers can tailor curriculum materials to address the specific questions and needs of students.

Community Involvement: About two years ago an assembly on HIV/AIDS was held at the school for high school students, interested parents, and community members. An excellent speaker from the University of Massachusetts presented general information and stressed that HIV infection is possible in their community. The assembly was very well advertised and attended. Perhaps because of this assembly, the community as a whole has been positive and supportive of HIV/AIDS education in the school.

Curriculum Integration Strategies: About four or five years ago, HIV/AIDS information was presented informally in high school physical education and health education classes. Beginning last year, more formal and comprehensive curricula were introduced at the high school level.

Pregnancy prevention, alcohol and drug abuse prevention, and suicide prevention programs are also presented.

Skill-building: Decision-making, self-esteem and problem-solving skills are taught as part of a values clarification section presented at the beginning of the health education unit.

Program Expansion: Because of the success of the formal curriculum for high school students, a comprehensive health education curriculum for junior high school students is being developed and will integrate the HIV/AIDS curriculum already developed. Also, teaching materials are being reviewed for elementary grades.

Measurement of Program Effectiveness: An original pre- and post-test instrument was developed to measure student learning. From the results of last year's testing, it appears that the curriculum adopted was very effective in increasing student knowledge about the HIV/AIDS epidemic and related issues.

Staying current: Booklets and other reading materials are provided by both public and private education information services, and are distributed to teachers.

RURAL FEATURES OF THE PROGRAM

Because of the school's small size, teachers and administrators know students over many years and have the opportunity to develop strong, positive and trusting relationships with them. Because an atmosphere of trust has been developed over time, students can discuss concerns and questions openly with teachers without shyness. Teachers tend to be friends and advisors as well as educators, and this is not as common in urban schools. This close relationship between students and teachers provides an atmosphere in which HIV/AIDS education is easily accomplished.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. A good, close relationship between students and teachers is critical to the effectiveness of HIV/AIDS education.

2. It is important to present HIV/AIDS education in some form. If a formal curriculum is not yet in place, an informal presentation of information will suffice.

Jackson High School
1127 North Highway
Jackson, Minnesota 56143

Program 11

Contact: Betty Wannarka, Health Teacher
(507) 847-5310

SETTING

Community: Jackson is a small town of about 3,000 people in an agricultural area about thirty minutes from larger cities and about three hours from Minneapolis.

School: There are 350 students in grades 9-12, and the average class size is 20 to 25 students. The majority of students are white; about 7 percent are ethnic minority students; most of these are Laotian.

HIV/AIDS EDUCATION CONTEXT

State: All school districts are required to develop an HIV/AIDS education program. The state education agency has developed instructional resources for all grades, guidelines for local policy development, a manual to assist districts in complying with the state mandate, and a quarterly newsletter to update educators with HIV/AIDS information. It also offers trainings, policy development, and workshops for administrators and teachers conducted by HIV/AIDS specialists.

Minnesota's AIDS education policy is one of the few that requires programs to target adolescents whose behavior may place them at higher risk of contracting HIV infection.

Local: Students in grades 9 and 10 receive about two weeks total instruction in HIV/AIDS, interspersed throughout the school year in health education classes.

The community perception is that there is a low risk of HIV/AIDS infection in this student population. IV drug use is not apparent in the community, and students are geographically isolated from at-risk populations.

EFFECTIVE STRATEGIES

Curriculum: The *AIDS Prevention Program For Youth* (American Red Cross, 1987a) curriculum, and the curriculum, *AIDS: What Young Adults Should Know* (Yarber, 1987) were adopted for use in this high school because they were easy for the instructor to implement, the values expressed matched those of the community, and they were easy to integrate into the existing health education curriculum.

Parent Involvement: When the health education curriculum was being revised to include HIV/AIDS material by a committee of the school board, administrators and teachers, an anonymous telephone survey was taken of a random sample of parents. The survey contained direct questions about attitudes and beliefs dealing with a broad variety of health issues including HIV/AIDS and sexuality. The purpose of this survey was to assess the community's and students' needs

for health education and to guide the committee in selecting curriculum materials.

Scheduling frequent parent-teacher conferences and distributing HIV/AIDS information pamphlets are other effective strategies for involving parents.

Student Involvement: Students at this high school were polled as part of a state health survey. The American Red Cross (1987a) curriculum was modified somewhat in content, presentation, and focus as a result of the local student survey information.

Community Involvement: Community education classes are offered about once a month through the health department, and a local HIV/AIDS specialist there is available for consultation and assistance to community members and school personnel.

Curriculum Integration Strategies: HIV/AIDS education is integrated primarily into a more comprehensive health education curriculum, but information is also presented in biology and science classes, assemblies and in special programs. Prevention programs for alcohol and drug abuse, teen pregnancy, and suicide are also taught in health education classes.

Staff Training: The health education teacher received special training in HIV/AIDS through an ETR workshop (Educational Training Associates, 1988) and is now qualified to train other teachers. She has provided special training to this school's biology teachers and will train other educators in a 6 to 7 town area.

Skill-building: Decision-making, self-esteem, problem-solving, and assertiveness skills are taught in an ongoing small group process in health education classes using role playing and informal discussion as primary teaching techniques.

Goal Clarification: As a result of information received from the local parent survey, the statewide student survey, and staff training, the curriculum (American Red Cross, 1987) has been updated, revised, and expanded, and general goals for the health education program were determined and clarified. The process of goal clarification will be ongoing as new information is received on the HIV/AIDS epidemic and as new instructional materials are made available.

Measurement of Program Effectiveness: Based upon information provided by the student survey, a pre- and post-test instrument was developed. Test results showed that students' knowledge about HIV/AIDS issues increased over the year.

Staying Current: Current information and statistical data is obtained regularly from the state education agency, the state health department and through ETR Associates trainings.

RURAL FEATURES OF THE PROGRAM

The terminology used in the curriculum was reviewed carefully to determine its appropriateness both for the community and for the age and sophistication of the students.

It has been a challenge to work with the people in this rural community and remain open to everyone's ideas and their resistance to new ideas. It has required patience, careful attention to having the most current information, and willingness to confront and debate important issues.

The district recieved HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. It is very important to have current information when presenting facts to students because information is constantly changing. This makes teaching the subject of HIV/AIDS a continual challenge.

2. Good audiovisual materials are very useful in presenting this material to students.

3. Have patience for the prejudices that exist in the community and work with and around them. It is important to consistently offer information.

Maynard High School
Box 276
Maynard, Minnesota 56260

Program 12

Contact: Gary Sims, Principal
(612) 847-2154

SETTING

Community: Maynard is a rural, agricultural area.

School: There are about 1,000 students in grades 1-12 in Maynard; the average classroom size is 25 students. They are predominantly white. There are a few students of Hispanic origin.

HIV/AIDS EDUCATION CONTEXT

State: All school districts are required to develop an HIV/AIDS education program. The state education agency has developed instructional resources for all grades, guidelines for local policy development, a manual to assist districts in complying with the state mandate, and a quarterly newsletter to update educators with HIV/AIDS information. It also offers trainings in policy development and workshops for administrators and teachers conducted by HIV/AIDS specialists.

Minnesota's AIDS education policy is one of the few that requires programs to target adolescents whose behavior may place them at higher risk of contracting HIV infection.

Local: HIV/AIDS information is presented in all grades. In grades 1-6, approximately two hours of instruction on HIV/AIDS is provided, and at least a full day of instruction is provided in grades 1-12. The topics of abstinence, condoms, homosexuality, safer sex and sexually transmitted diseases are all covered in grades 7-12.

The risk of HIV infection is seen to be low in this student population during their stay in the community, but the risk may increase for them as most students leave this area for urban areas following high school.

EFFECTIVE STRATEGIES

Curriculum: The state of Minnesota's curriculum (Minnesota Department of Education, 1988) was adapted to fit into existing programs. Outside speakers, videos, and handouts were added to the standard curriculum materials.

Curriculum Integration Strategies: The HIV/AIDS curriculum has been integrated into a comprehensive health education program as part of a unit on sexually transmitted diseases. Parts of the curriculum are also presented in home economics classes, biology and science classes and in assemblies and special programs. Alcohol and drug abuse prevention is also taught at this school as a part of health education.

Staff Training: The health education, home economics and social science teachers received inservice training from the county public health nurse.

The entire school staff received general information on HIV/AIDS and training on the management of body fluid spills.

Skill-building: Decision making, self-esteem, and problem-solving skills are taught in health education classes along with formal curriculum materials.

Program Expansion: Plans are underway this year to expand the existing curriculum with more in-depth information, and to closely coordinate the presentation of curriculum materials in the various classroom settings.

A policy for HIV infected students and staff is also being developed.

Staying Current: The county health department's public health nurse is available for consultation and also provides instructors with updated HIV/AIDS information as it is available.

RURAL FEATURES OF THE PROGRAM

Many rural community residents are strongly opinionated and not open to a broad new range of information. It has been important to have a commitment to presenting HIV/AIDS education and to have a mandate from the state to do so.

The district recieved HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

Expect community and parental criticism of an HIV/AIDS education program and learn to take this criticism constructively. Use it to improve your program and gain community support.

Osakis Public Schools
Box X
Osakis, Minnesota 56360

Program 13

Contact: Jerry E. Hanson, Elementary Principal
(612) 859-2191

SETTING

Community: Osakis is a rural farming area of about 1,300 residents located about 2 hours away from the Minneapolis, St. Paul area.

School: There are about 650 students in grades K-12 in the school district. The average classroom size is somewhat under 25 students. There are a very few students of Korean origin; all other students are white.

HIV/AIDS EDUCATION CONTEXT

State: All school districts are required to develop an HIV/AIDS education program. The state education agency has developed instructional resources for all grades, guidelines for local policy development, a manual to assist districts in complying with the state mandate, and a quarterly newsletter to update educators with HIV/AIDS information. It also offers training in policy development and workshops for administrators and teachers conducted by HIV/AIDS specialists.

Minnesota's AIDS education policy is one of the few that requires programs to target adolescents whose behavior may place them at higher risk of contracting HIV infection.

Local: HIV/AIDS education is provided in all grades for about 2 hours total in grades K-3; for about 4 hours in grades 4-6; and for approximately one week in grades 7-12. The topics of abstinence, condoms, homosexuality, safe(r) sex, and sexually transmitted diseases are all covered in grades 7-12.

There are no unusual risk factors for HIV infection in this student population. There is very little if any IV drug use in the community; the primary AIDS risk would come from sexual activity.

EFFECTIVE STRATEGIES

Curriculum: A curriculum development process was instituted over an 18-month period. First the state education agency's curriculum (Minnesota Department of Education, 1988) was used as a model and was presented for feedback at a general town meeting. The AIDS Curriculum Committee was then formed of teachers and community members who developed an original comprehensive curriculum. This was presented to the school board for their approval and then it was introduced into classrooms.

The curriculum, *AIDS Prevention Program for Youth* (American Red Cross, 1987a) was used as a supplement to the developed curriculum for 8th grade students. The topics of condoms, anal sex and oral sex are discussed briefly by the teacher with no written materials on these subjects available to students.

The curriculum, *AIDS Elementary School Program* (Dade County Public Schools, 1987) was field-tested as a supplementary curriculum to the developed curriculum for grades 5 and 6. The only change was to make hotline numbers local. This curriculum was found to be complete and appropriate, and conformed very well to this community's conservative values. The curriculum, *Values and Choices* (Search Institute & Healthstart, 1986), is also used in grade 8 to encourage students to make intelligent choices about sexual behavior.

Parent Involvement: As a part of the curriculum development process, a town meeting was held on AIDS education and parents were invited to give their feedback. As a result of this meeting, the curriculum policy was added to as follows: "All teachers who teach about AIDS and/or human sexuality will inform parents ahead of time of what is going to be taught. This may be done by conducting a parent preview session or by sending a letter home...outlining the material to be covered. Parents will be informed of their right to have their child opt out of the class for whichever portion of the unit the parent deems inappropriate. An alternative assignment will then be given..."

A monthly newsletter on HIV/AIDS facts is sent to instructors, and parent-teacher meetings are held occasionally. These are not well-attended, but those who do attend represent other parents with whom they are in contact.

Community Involvement: Because of the community's conservative values, it was important to involve the community from the beginning in the curriculum development process. A core group of teachers and administrators put together a list of community leaders to be invited, along with parents, to a general town meeting to discuss curriculum concerns. After this town meeting, the AIDS Curriculum Committee Task Force was assembled from the entire teaching staff, the ministerial association, parents, and the county health department.

Curriculum Integration Strategies: The HIV/AIDS curriculum that was finally developed is taught in conjunction with the human sexuality curriculum in health education classes and is also mixed in with biology and science classes, home economics classes, social studies and English classes. Additionally, assemblies and special programs are sometimes presented. Pregnancy prevention and alcohol and drug prevention programs are also taught.

Staff Training: All teachers in all grades have received inservice training and workshops on HIV/AIDS education. Speakers have also been brought in from the state education agency to address the entire staff.

Skill Building: Skill building is seen as the essence of this school's health education programs. Giving children the tools with which to make values choices is stressed throughout various curricula. Decision-making, self-esteem, problem-solving, and assertiveness skills are taught as an integral part of HIV/AIDS education.

Goal Clarification: It became apparent early in the process of developing an HIV/AIDS curriculum that in order to present this information, it would be necessary to update the entire human sexuality curriculum and expand it into elementary grade levels.

Measurement of Program Effectiveness: Along with the newly developed curriculum came a commitment to develop program evaluation techniques.

While their own pre and post test instrument is being developed, the pre and post tests from the Dade County (1987, 1986a, 1986b) curricula are being used to evaluate the program's effectiveness.

Program Cost Evaluation and Funding Resources: It has cost this school district an estimated $500 in staff training and materials (not including manpower hours) to implement HIV/AIDS education. There were no special funding arrangements. Because of the state's mandate for schools to provide HIV/AIDS education, general funds were available.

The county's AIDS Task Force has grant money available for schools and other organizations to use to purchase films and other supplementary materials.

RURAL FEATURES OF THE PROGRAM

The Dade County (1987) curriculum was chosen because of its appropriateness for rural schools. It did not present sex education in overly explicit terms but used a "modest", "respectable" approach which would fit most rural communities--and it did so without leaving out important details.

A challenge in teaching rural students has been that many have the perception that they are immune from HIV infection because the epidemic has not yet touched their community. This perception has been fully addressed in this rural community.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Don't re-invent the wheel. Look at what other communities and school districts are doing to institute HIV/AIDS education and choose programs that will work best for your community.

2. In conservative areas, it is important to involve the community as much as possible in HIV/AIDS program development and policymaking.

3. Make presentations to the community in a "low-key" manner: It is important not to use "scare tactics." A matter-of-fact approach works best.

4. Parents are most attracted to the idea that HIV/AIDS education will teach their children personal skills and therefore give them tools with which to protect their own health and safety. This is a good point to stress when trying to involve parents in a positive way with the program.

Conestoga Public Schools
P.O. Box 40
Murray, Nebraska 68409

Program 14

Contact: Dr. Rick Black, Superintendent
(402) 235-2271

SETTING

Community: This area has been agricultural, but is rapidly and steadily growing. It is centrally located on a major highway between two large cities and is becoming a residential area for urban workers. It also has a large number of non-resident property owners due to a recreational lake area.

School: There are 583 students in grades K-12 in this school district. In elementary grades the average classroom size is 19 students; in secondary grades the average classroom size is 15 students. Less than 2 percent of the student population belong to racial minority groups.

HIV/AIDS EDUCATION CONTEXT

State: There is no HIV/AIDS education requirement in Nebraska. The state education agency has developed a resource guide for teachers for senior high, middle school, and upper elementary grade levels. It has held workshops for teacher training and local policymaking and also provides technical assistance to school districts.

HIV/AIDS was a major focus at a state education agency sponsored National Symposium on Children's Health Issues aimed at school staff involved with every aspect of school health.

Local: In the school year 1988-89, HIV/AIDS education was provided in grades 5-12 in health education classes, human sexuality classes and in assemblies and special programs. Students in grades 5 and 6 received about one hour of instruction; in grades 7 and 8, one week; and in grades 9-12, more than one week. The topics of abstinence and sexually transmitted diseases are presented in grades 5-12, and safer sex, condoms, and homosexuality are discussed in grades 9-12.

This year the HIV/AIDS curriculum was expanded to include instructional materials for grades K-4 as well.

Because of the increased mobility of students in recent years and the continuous growth of the community, the risk of HIV infection in this student population may be increasing.

EFFECTIVE STRATEGIES

Curriculum: This school district developed its own HIV/AIDS component of a health education curriculum. Staff members used other districts' and educational agencies' model curricula as guides and made use of supplemental materials such as videos. The school health nurse was the primary employee involved in curriculum development.

This year (1989-90), a new policy has made health education a required semester course for 9th and 11th grades and has formalized health education for 7th and 8th grades. This policy was adopted to insure that all students receive health and HIV/AIDS education.

Parent Involvement: A resource bank of parents willing to volunteer their time and services to school activities has been recruited. Although not specifically enlisted to help with the HIV/AIDS education program, this group has been a valuable resource. During seventh grade "Parent Night", the progression of sex education through grades 7-12 is explained to parents. In all grades parents are invited to view the curriculum materials and are allowed to excuse their children from instruction.

Community Involvement: A monthly newsletter is sent to all patrons of the school district. It contains current information on a wide range of issues, including HIV/AIDS education activities.

A special focus in this school district has been involving senior citizens as volunteers and as participants in school activities.

A University of Nebraska Medical Center resource physican was involved in HIV/AIDS policy development for the district, and he remains available as a consultant. Ministers were also invited to give their feedback on HIV/AIDS policies and curriculum.

Curriculum Integration Strategies: From the beginning, HIV/AIDS education was integrated into a more comprehensive health education program. Pregnancy prevention, drug and alcohol abuse prevention, and suicide prevention programs are also presented.

Staff Training: The health/physical education teacher and the school nurse team teach the HIV/AIDS curriculum. The health teacher received training in college, and the school nurse has attended special workshops.

Special workshops were provided for coaches, teacher aides and custodians on how to handle body fluid spills, and this training will be upgraded as new information is available. Videos on HIV/AIDS have been shown to the general staff, and inservice training for all classroom teachers will be offered this school year.

Skill-building: Decision-making, self-esteem, problem solving, and assertiveness skills are taught along with all curricula. By district philosophy, self-esteem is seen as critical to student learning and achievement. Because of this emphasis, full-time guidance counselors are provided in elementary school grades as well as in secondary grades. Additionally, a full-time coordinator is employed for the "Challenge Program" which provides special projects for gifted students.

Program Expansion: After successful introduction of HIV/AIDS education into grades 5-12, instruction was expanded into grades K-4. A concurrent decision was to make health education mandatory in grades 9 and 11 to insure that all students would be exposed to current information.

Measurement of Program Effectiveness: In grades 7-12, a textbook test is given to students at the end of the unit to measure their knowledge. Additionally,

open-ended questions are asked of students to help determine which subject areas need focus. Students are also invited to ask questions in class and anonymously to help insure that they receive all the information they need.

Program Cost Evaluation and Funding Resources: Although it is difficult to determine the total cost of the HIV/AIDS education component, the primary expenses are for instructional materials. The education service unit in which this school district participates provides a wide variety of videos and other HIV/AIDS materials for both student and staff information.

Staying Current: The school nurse is responsible for constantly updating statistical and curriculum information.

RURAL FEATURES OF THE PROGRAM

Because this is a rural school, it has a close connection to the community and this makes communication easier. For example, because fewer people and systems are involved, it is easier to take advantage of opportunities that occur for communication and involvement between community and school groups.

Because this community is expanding its population base and student mobility is increasing, it has become a focus of education programs to prepare these rural students for a more urban life style.

The district received HIV/AIDS education assistnac and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. It is important to continue to communicate about school activities and programs to parents and the community as a whole.

2. Share curriculum ideas with other schools and learn from the experiences of other districts.

Red Bank Middle School
101 Harding Road
Red Bank, New Jersey 07701

Program 15

Contact: Wendy Patterson, Health and Physical Education Teacher
(201) 758-1515

SETTING

Community: Red Bank has a population of about 16,000 residents.

School: There are 315 students in grades 5-8 at Red Bank Middle School. About 65 percent of the students are black, another 5 percent are Hispanic or Asian, and about 30 percent are white. The average classroom size is 20 students.

HIV/AIDS EDUCATION CONTEXT

State: New Jersey has no HIV/AIDS education requirement for students. The state education agency had developed instructional guides for teachers at different grade levels and a guide for local districts to use in developing a comprehensive HIV/AIDS program. It also offers training to teachers and student support staff.

Because a high proportion of New Jersey's AIDS cases are IV drug-related, the state education agency links HIV/AIDS education activities with drug and alcohol programs. The state board of education has created specific regulations for handling identified HIV infected students in a systematic way.

Local: HIV/AIDS education is integrated into health education as part of a unit on sexually transmitted diseases. Health education classes meet two days a week for 42 minutes a day all year in 6th, 7th, and 8th grades, and meet four days a week for a 6-week period in 5th grade. The topics abstinence, condoms, and homosexuality are included for grades 6, 7, and 8; safer sex is a topic presented in 8th grade.

Drug use in the community, a high poverty rate (60 percent), and family patterns of promiscuity all contribute to the risk of HIV infection in this student population.

EFFECTIVE STRATEGIES

Curriculum: The health and physical education teacher was sent to a number of conferences to gather information and develop a curriculum (Red Bank Borough Public Schools, 1989) under the state guidelines for a comprehensive family life program.

Parent Involvement: Parents were involved in the family life curriculum development process. As a result, the amount of time to be spent on family life instruction was increased.

All parents receive a letter explaining the family life curriculum and the topics and materials that will be covered. They are welcome to review materials and may choose to excuse their children from instruction.

Curriculum Integration Strategies: From the outset, HIV/AIDS education has been integrated into the health education/family life program. Pregnancy prevention and drug and alcohol abuse prevention programs are also presented.

Staff Training: Health teachers attended workshops sponsored by the state education agency and trainings given by other agencies. For general staff, a two to three day, 2-hour-a-day orientation was given to the Family Life Curriculum and HIV/AIDS.

Skill-building: Decision-making, problem-solving, and assertiveness training are woven into the family life curriculum. Problem-solving skills are also taught in math and science classes. Increasing the self-esteem of students is an underlying goal of education in all subject areas.

Program Cost Evaluation and Funding Resources: Based upon the percent of each week at each grade level spent on HIV/AIDS education, it is estimated that HIV/AIDS education costs from $200 to $500 a year.

Staying Current: Over the five years that this school has implemented HIV/AIDS education, course content has been continually updated. The health education instructor attends workshops and seminars and brings back new information and instructional techniques to share with other teachers.

RURAL FEATURES OF THE PROGRAM

Because Red Bank Middle School is small, classroom size is small. Therefore it is possible to dedicate more time to the particular needs of students. It is also easier, in this small school where everyone knows each other, to facilitate peer group discussions.

Curriculum materials are selected and subjects are taught so that they will be relevant for all represented cultural and ethnic groups at this school. Videos have been particularly useful in focusing on issues of interest to particular ethnic groups.

It has been a challenge in teaching HIV/AIDS at this small school to address and eliminate the stereotypes that students have about different groups of people.

The district received HIV/AIDS education assistance from the National Rural and Small Schools consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Health education programs are the appropriate context for presenting HIV/AIDS information to students.

2. It is important to select materials that are relevant for all cultural and ethnic backgrounds of participating students.

3. It is important for HIV/AIDS education to stress that the AIDS epidemic is something students will have to be aware of and cope with throughout their lives.

Cimarron High School
P.O. Box 605
Cimarron, New Mexico 87714

Program 16

Contact: Harl Rogers
(505) 376-2241

SETTING

Community: Cimarron is a rural community of about 1,000 residents. Farming, ranching, a saw mill and a summer Boy Scout ranch are the community's economic mainstays.

School: There are about 140 students in grades 7-12 at Cimarron High School, and the average classroom size is 20-25 students. Sixty to seventy percent of the student population is of Hispanic origin; other students are white.

HIV/AIDS EDUCATION CONTEXT

State: All students in all grades must receive HIV/AIDS education in New Mexico as part of the required comprehensive health education program. The state education agency has developed AIDS information packages for high school grades, and provides teacher training and other staff inservice upon request.

The state education agency plans to specifically target activities and materials for Hispanic and Native American youth.

Local: HIV/AIDS education is provided to 44 students in 7th and 8th grades and to 38 students in 11th and 12th grades. It is part of a comprehensive health education program.

The risk for HIV infection in this student population is perceived to be low because of the small size of the community. However, because there is traffic through this community to resort areas beyond, it is not an isolated area.

EFFECTIVE STRATEGIES

Curriculum: An original curriculum was developed from a variety of resources. The curriculum, *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a), was used as a basis for instruction for 7th and 8th grades and the curriculum, *AIDS: What You and Your Friends Need to Know* (Downer & Miller, 1987), was used for 11th and 12th grades. These were selected because they were very well planned and organized.

Material from other curricula was incorporated into the program as were newspaper articles, television documentaries, and video tapes.

Parent Involvement: Students were encouraged to invite their parents to attend parent-teacher meetings, and teachers also invited parents to attend. HIV/AIDS education was discussed at these meetings and there was unanimous approval for program development.

Curriculum Integration Strategies: The HIV/AIDS curriculum was integrated into the required ongoing health education in grades 7 and 8 and was added to elective health education classes in grades 9-12.

An integration strategy has been to offer the HIV/AIDS material at three different times during the school year in order to repeatedly expose students to the information. This has also been an effective strategy for teaching drug and alcohol abuse prevention. Pregnancy prevention and suicide prevention programs are also presented.

Skill-building: Decision-making, self-esteem, problem-solving and assertiveness skills are also taught in health education classes.

Measurement of Program Effectiveness: The pre-test and post-test from the Dade County (1986a) curriculum was used to measure program effectiveness, and students showed improvement in test scores.

Program Cost Evaluation and Funding Resources: Approximately $500 per year is spent on new materials, primarily videotapes, to supplement the HIV/AIDS curriculum.

Staying Current: New materials are continually being added as they become available. Updated statistical information is obtained from the state education agency and health education publications.

The health education instructor has developed a library of newspaper articles, taped television programs and videotapes, and adds to this library whenever possible.

RURAL FEATURES OF THE PROGRAM

Curriculum materials were chosen specifically for their simplicity of approach.

A challenge in teaching HIV/AIDS to these rural students has been to help them understand that the epidemic could happen in their community and is in fact a problem relevant to them.

The district received HIV/AIDS education assistance from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTION FOR OTHER SCHOOLS

Cimarron High School, Cimarron, New Mexico

Borrowing and taping non-copyrighted videos is one good way to build a library of educational materials.

Magdalena Schools
P.O. Box 624
Magdalena, New Mexico 87825

Program 17

Contact: Sandra Myers, Home Economics/Health Instructor
(505) 854-2441

SETTING

Community: Magdalena is a rural community of less than 1000 residents. About 80 percent of the population is of Navajo origin; 20 percent are either Hispanic or white.

School: There are 340 students in grades K-12 in Magdalena's schools. The average classroom size varies from six to twenty students.

HIV/AIDS EDUCATION CONTEXT

State: All students in all grades must receive HIV/AIDS education in New Mexico as part of the required comprehensive health education program. The state education agency has developed AIDS information packages for high school grades and for junior high and middle school grades. It provides teacher training and staff inservice training upon request.

The state education agency plans to specifically target activities and materials for Hispanic and Native American youth.

Local: HIV/AIDS education is provided in all grades in some form. In grades 7-12, students receive more than one week's instruction. The topics of abstinence, condoms, safer sex, and sexually transmitted diseased are presented.

Sexual promiscuity and IV drug use are problems in this community. Students are at risk because of the availability of drugs and the behavioral examples set by many adults in the community.

EFFECTIVE STRATEGIES

Curriculum: The New Mexico state curriculum guides (New Mexico Department of Education, 1988) have been adopted with no content change. However, the vocabulary was changed somewhat to accommodate the needs of Spanish speaking students.

Curriculum Integration Strategies: HIV/AIDS education is taught in elementary classrooms and in health education and home economics classes in grades 7-12. There it is presented as part of a unit on sexually transmitted diseases.

Pregnancy prevention and alcohol and drug abuse prevention are also taught in grades 7-12.

Skill-building: Accountability for one's behavior, decision-making, self-esteem, and problem-solving skills are taught in the unit on marriage and family life.

Goal Clarification: The HIV/AIDS education program began with very limited material and has continued to expand as new information and materials have

become available. The goal of HIV/AIDS education has become to reach as many students as possible with the information they need.

RURAL FEATURES OF THE PROGRAM

It has been difficult to involve parents and community members in the HIV/AIDS education program. It is hoped that students will take the information home to their parents and to out-of-school friends. Strategies such as using existing rural outreach personnel (agricultural extension agents, mail carriers, meter readers, etc.) are recommended.

Because English is a second language for many students, and because of their isolated rural lifestyle, it has been difficult to find instructional material that is understandable, challenging, and interesting for these students. The informal response of students to this program so far has been very positive. They like the curriculum, would like more information, wish they had obtained the information earlier, and would like the program to reach more students.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Films are particularly useful in presenting information to young students.

2. HIV/AIDS education should be mandatory for students. Because it is mandatory in New Mexico, it has been easier for instructors to obtain materials, to implement a program, and to meet community resistance.

The Fishers Island School
Drawer A
Fishers Island, NY 06390

Program 18

Contact: Ken Lanier, Superintendent
(516) 788-7444

SETTING

Community: Fishers Island has a population of 280 permanent residents who are middle income people. In the summer months the population increases to about 5,000 residents, and is primarily composed of wealthy people. There is no ethnic minority population.

School: There are 63 students in grades K-12 at Fishers Island School. Elementary grades are combined. There are about 5 students in each grade level.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades K-12 must receive HIV/AIDS education within the existing comprehensive health education requirement. The state education agency has developed an instructional guide for grades K-12 and provides training and assistance to districts through the state's regional Bureau of Cooperative Services.

The state education agency provides "trainer of trainer" workshops sponsored by the Centers for Disease Control. These workshops are designed for HIV/AIDS education coordinators in state education agencies nationwide. The focus of these workshops is the integration of HIV/AIDS education into a context of comprehensive health education.

Local: HIV/AIDS education is integrated into a health education program for all grades. Approximately one week of total time each year is spent on HIV/AIDS. Topics of instruction are geared for the grade level and sophistication of the students.

EFFECTIVE STRATEGIES

Curriculum: An original K-12 curriculum was developed by selecting bits and pieces from an assortment of materials and curricula from other New York schools. The State Department of Education's *AIDS Instructional Guide Grades K-12* (Lalor & Willie, 1987) was used as a guideline.

Parent Involvement: Curriculum materials are sent to parents and their feedback is encouraged. They are also welcome to attend classes. Parent awareness of school program content is generally very high.

Two parents, an emergency medical technician and a registered nurse, have been involved as professionals in teaching HIV/AIDS materials. They met with students and teachers in classrooms, and their presentations have made a positive impression on students.

Community Involvement: Because the school functions as a primary activity center for the community, and because there are few activities between November and April for community residents, an adult HIV/AIDS education program offered at night would likely be very well attended. Such a program is currently being considered.

Curriculum Integration Strategies: HIV/AIDS education is presented as part of health education and is spread throughout the school year for maximum exposure of students to relevant and updated information. Pregnancy prevention, suicide prevention, alcohol and drug abuse prevention and other at-risk student situations are also a focus of health education.

Staff Training: The health education and physical education teacher has attended a workshop on HIV/AIDS and will be attending a conference on HIV/AIDS and drug and alcohol abuse this year.

Skill-building: Decision-making, self-esteem, problem-solving and assertiveness skills are taught along with all subjects in this school.

Measurement of Program Effectiveness: There is not a formal mechanism for evaluating the effectiveness of the HIV/AIDS education program. The superintendent, school health nurse, and health teacher meet regularly to discuss and evaluate the program.

Staying Current: The school superintendent receives much literature on HIV/AIDS education and passes it along to the health education teacher.

The curriculum will be modified and updated as new materials are received and as teachers attend workshops and conferences. Ongoing training is believed to be very important for teachers who are presenting this curriculum.

RURAL FEATURES OF THE PROGRAM

Because of the almost one-to-one student-teacher ratio, discussions can be casual, open, and intimate. Teaching strategies can be tailored to the needs of individual students. Because of the close relationship students and teachers enjoy over a period of years, it is easy for most students to ask questions and share concerns with teachers as well as their peers.

A focus of the program has been to challenge the naivete and denial of students and to make the HIV/AIDS epidemic a real issue for them.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Make presentations casual and conversational.

2. Use community professionals such as doctors and nurses to assist in instruction.

3. The small size of the school can be a bonus in presenting threatening information (e.g., discussion groups can be small and intimate).

4. Working to make your school an education and entertainment center for the community will create a climate where innovative educational programs can be implemented.

Whitebead School
Route 3, Box 214
Pauls Valley, Oklahoma 73075

Program 19

Contact: Linda Pesterfield, Principal
(405) 238-7696

SETTING

Community: Whitebead School is a closed campus, located about four miles from a major urban area. Most students are bussed in from the area and nearby towns.

School: There are 360 students in grades pre-K through 8th. Although most students are white, there are a few Native American children, 6-8 black students, and 6-8 Hispanic students at this school. The average classroom size is 20 to 25 students.

HIV/AIDS EDUCATION CONTEXT

State: Students must receive HIV/AIDS education in Oklahoma once in grades 7-9 and once in grades 10-12. The state education agency has developed a grades, 5-12 curriculum guide and offers statewide training workshops.

The state education agency has targeted high-risk schools for more intensive assistance and will be integrating a pilot HIV/AIDS curriculum into science and/or comprehensive health education courses at those schools.

Local: A half-day of formal HIV/AIDS education is provided in grades 5-8. AIDS is discussed informally as a disease in regular health classes in grades pre-K through 4. Abstinence, homosexuality, and sexually transmitted diseases are topics of instruction in grades 5-8.

Risk of HIV infection is presumed to be low in this student population. There is little known drug use or alcoholism. However, the lifestyles and activities of some of the parents may be demonstrating at-risk behaviors to students.

EFFECTIVE STRATEGIES

Curriculum: An extensive curriculum was developed using Oklahoma State Department of Education guidelines (Folks & Leavitt, 1987). Supplementary materials, including videos, were added to amplify the program.

Parent Involvement: An HIV/AIDS education and training program featuring videos was presented for parents, teachers, and other community members. Advertisements in the community newspaper and in the school flyer were successful in bringing in participants.

Parents are notified when HIV/AIDS education is to be taught, and can exclude their children from instruction.

Having parent-teacher meetings has been an effective method of involving parents. From 85-90% of parents participate in educational programs when they are needed. Serving refreshments, displaying children's work, and providing

opportunities for informal teacher-parent conferences have all contributed to the success of these meetings.

Curriculum Integration Strategies: In addition to health education classes, assemblies and special programs on HIV/AIDS are sometimes presented. Suicide prevention, drug and alcohol abuse prevention and other at-risk student situations are also a focus of health education instruction.

Staff Training: The school principal, who served on the state curriculum development committee, teaches the health education unit in grades 5-8. Other classroom teachers and general staff received local inservice training.

Skill-building: Self-esteem, decision-making, problem-solving and assertiveness are taught as primary skills in the health education unit.

Program Expansion: The curriculum now in use provides a good basis for HIV/AIDS instruction and will be continuous. However, there are plans to expand the instruction with current supplemental materials as they become available.

Measurement of Program Effectiveness: An original pre-test, post-test instrument was developed to measure student learning. Additionally, the principal who teaches the HIV/AIDS education unit asks for teacher feedback on her presentations in an ongoing dialogue on program effectiveness.

Staying Current: Reading the school system publications and health education periodicals is the instructor's primary method of obtaining new information about HIV/AIDS and learning about new instructional materials and methods.

RURAL FEATURES OF THE PROGRAM

An explicit, straightforward approach which is prevention oriented and has a good basis in sex and drug education is important in making HIV/AIDS education effective for these students. It is important to keep expectations of student knowledge and performance high, because the number of HIV/AIDS cases is increasing.

A challenge in teaching about HIV/AIDS to rural students is to convince them that this epidemic is real and relevant to them, that they will face these issues within their families, and that there is a practical need for them to be knowledgeable. This program addressed these concerns via its curriculum integration strategies.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

Check the validity of new materials received for HIV/AIDS education with the state education agency or with your local public health department.

Harrisburg Union High School
400 South 9th Street
Harrisburg, Oregon 97446

Program 20

Contact: Dr. Jan Welle, Superintendent
(503) 995-6680

SETTING

Community: Harrisburg is a community of about 1,800 households in a rural setting where farming and light manufacturing are the primary industries.

School: There are 210 students in grades 9-12 at Harrisburg Union High School. Although the great majority of students are white, there are a few students of Hispanic origin. The average classroom size is 18. There are 54 students in the "Wellness" program.

HIV/AIDS EDUCATION CONTEXT

State: Elementary, middle and senior grade level students must all receive HIV/AIDS education in Oregon as part of a comprehensive health education program. The state education agency has developed a curriculum and guide for grades K-12 and has held regional workshops for health teachers.

Oregon's annual Seaside Health Promotion Conference, noted for its innovative approach to improving comprehensive health education and school wellness, will incorporate HIV/AIDS instruction training for participating teams from a number of school districts.

Local: HIV/AIDS education is provided to 10th graders for more than one week in a "wellness" program. The topics abstinence, condoms, homosexuality, safer sex, sexually transmitted diseases, and social issues are all included in the instruction.

A philosophy of HIV/AIDS education is that all students are at risk and are fragile, particularly during times of crisis. This philosophy promotes the protection of all students and their particular needs.

EFFECTIVE STRATEGIES

Curriculum: The Lincoln County, Oregon curriculum, which was based upon the state guidelines (Radloff, 1988), was adopted and is working very well.

Parent Involvement: The curriculum was shown to small groups of parents prior to its implementation. Their feedback was positive.

Parents are informed about the HIV/AIDS material prior to its presentation and may excuse their children from participation.

Community Involvement: A "Wellness Fair" was held to present HIV/AIDS information and other health education program materials to the community.

Curriculum Integration Strategies: HIV/AIDS education is presented as part of the "wellness" program for health education. The focus is on "wellness" and how to maintain health as opposed to a focus on disease.

This program also contains comprehensive programs for pregnancy prevention, drop-out prevention, suicide prevention, alcohol and drug abuse prevention, and other at-risk student situations. This high school has an extremely low (4%) drop-out rate.

Staff Training: The health education teacher received training in HIV/AIDS instruction at the university level. Basic training in HIV/AIDS and sanitation issues has been provided to the general staff through the local health department.

Skill-building: Decision-making and personal values development for protection from disease are the skills which are stressed in the "wellness" program. Students develop their own personal goals for wellness and focus on the particular skills they will need to achieve those goals. Some examples of student goals are:
1. To maintain sexual health.
2. To continue making appropriate decisions about (a) choice of sexual contact, and (b) the frequency of sexual contact.
3. To use prevention methods if involved in sexual intercourse.

Measurement of Program Effectiveness: The success of the HIV/AIDS education program is evaluated through instructional objectives, by student feedback, by the number of HIV/AIDS cases in the school, and by how well students achieve their personal wellness goals.

Program Cost Evaluation and Funding Resources: Long-term planning for the comprehensive health education program was done seven years ago. At that time the program was completely redesigned. A total of $4,500 was obtained to implement the new program through funds from the school district. A $200 minimal expenditure is made each year on HIV/AIDS education.

RURAL FEATURES OF THE PROGRAM

These students have received the information and the program's style of instruction very well. Because there are fewer students, it is possible for teachers to tailor instruction and projects to individual student needs and promote discussion between students on the issues involved in HIV/AIDS education.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Careful program planning and goal setting will promote the specific results that you want to achieve.

2. It is important not just to present HIV/AIDS information, but to also teach those concepts which will best meet the needs and practical concerns of young people.

3. It is important to tightly couple the HIV/AIDS curriculum with student needs and learning outcomes.

Exeter Elementary - W. Greenwich Regional School District
30 Nooseneck Hill Road
Exeter, Rhode Island 02822

Contact: Barbara Longo, R.N., School Nurse and Instructor
(401) 397-3771 or
(401) 294-6400

SETTING

Community: Exeter is a very isolated, rural, strictly agricultural area. Very recently there has been an influx of suburban development

School: There are approximately 1,000 students in grades K-8 in this school district, and they are predominantly white. The average classroom size is 26 students.

HIV/AIDS EDUCATION CONTEXT

State: Students in Rhode Island must receive HIV/AIDS education in grades 1-12 as part of the sex and family life education requirement. The state education agency has developed instructional resources and outcomes for grades K-12, and has provided training to health educators through regional workshops. Instructors of HIV/AIDS education must be certified in health education.

Rhode Island was the first state to require HIV/AIDS education. It is one of the few states that target homosexual youth in its HIV/AIDS prevention activities. The state education agency also distributes money to groups working with homeless youth and to high risk districts.

Local: All students receive HIV/AIDS education for more than one week in some form. In grades 6, 7, and 8, homosexuality is discussed, and in grades 7 and 8, the topics of abstinence, condoms, safer sex, and sexually transmitted diseases are presented. In all grades, the nature of the virus and communicable diseases in general are subjects of instruction.

This student population is relatively young to be presently at risk for HIV infection. However, general lack of caution about health concerns may be present here due to the isolation of the community. These students have a fairly sheltered childhood and are not exposed to urban activities and values. Their naivete may put them at risk when and if they leave this area.

EFFECTIVE STRATEGIES

Curriculum: The State of Rhode Island curriculum guidelines, *Instructional Outcomes for AIDS Education* (Earhart, 1987a), and *Instructional Resources for AIDS Education* (Earhart, 1987b), are taught in health education classes and supplemented with films and other classroom activities and exercises.

Pregnancy prevention, suicide prevention and alcohol and drug abuse prevention are also taught.

Parent Involvement: The school health nurse spoke at a parent-teacher organization meeting when the HIV/AIDS curriculum was first implemented. Notices were sent home with students so that parents would know that HIV/AIDS would be a topic, and the meeting was well-attended. She explained to parents in an informal way what was being taught and explained the HIV/AIDS policies that the school district had adopted. These parents expressed interest, but no opposition.

Staff Training: Both the physical education/health instructor and the school nurse have attended state sponsored conferences and workshops for teacher training.

Skill-building: The goals of the HIV/AIDS education program include increasing students' self-esteem, and promoting healthy behaviors. These skills are seen to be as important as knowledge in reducing the risk of HIV infection among students.

Measurement of Program Effectiveness: The HIV/AIDS program is evaluated subjectively through student feedback and objectively through student test results. These methods are used to determine whether or not specific program objectives were met.

Program Cost Evaluation and Funding Resources: Currently the HIV/AIDS education program costs nothing to present. Initially, start-up money was available, for materials and teacher training, through the state education agency.

Federal funds may be available in some areas for special projects.

Staying Current: It is easy to stay current with new information in Rhode Island because the state education and health agencies routinely send out updates and resource lists. Private educational resource companies also offer current materials through catalogues.

RURAL FEATURES OF THE PROGRAM

It has been important to find educational materials that reflect the students' cultural experiences. One filmstrip shown to students was set in an urban high school, and it was difficult for these students to identify with the students in the video.

It is important to stress to rural students that the HIV virus can be contracted anywhere and that they are not protected from it merely by living in a rural area.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. It is important that educational materials reflect the lifestyles of the students. If materials demonstrate other lifestyles, young students may come to believe that the HIV/AIDS epidemic is not relevant to them.

2. Although rural areas may be sheltered to some extent from the HIV virus, children do mature and leave their home environment. It is important for schools to help prepare students for possible future exposure to the HIV virus.

Alcester-Hudson School
P.O. Box 248
Alcester, South Dakota 57001

Program 22

Contact: Don Zingler, Superintendent
(605) 934-1890

SETTING

Community: Alcester is a rural town of about 850 residents in an agricultural and light industrial area.

School: In grades K-12 there are 492 students. They are predominantly white, although there are a few students from Laos.

HIV/AIDS EDUCATION CONTEXT

State: All students in K-12 must receive HIV/AIDS education in South Dakota. The state education agency has developed a sample curriculum and administrative guidelines for planning and implementing HIV/AIDS education programs. It offers regional workshops for teachers.

The state education agency is developing outreach programs to reach Native American youth and special education students. The state health agency covers 57 percent of start-up costs for districts beginning a comprehensive health education program.

Local: HIV/AIDS education is provided to all students in some form. In grades K-6, students receive about four weeks of health education spread out over the year in their elementary classrooms. In grades 7 and 8, about one hour each week is spent on health education, and in grades 9-12, a half-day program specifically on HIV/AIDS is presented.

The topics of abstinence, safer sex, condoms, homosexuality, and sexually transmitted diseases are all presented to students of appropriate age.

There is little perceived risk of HIV infection for these students during the time they are in school. Their risk of exposure would increase upon leaving this rural area after high school.

EFFECTIVE STRATEGIES

Curriculum: The state department of education's recommendations for curriculum materials were followed.

For grades K-6, the curriculum, *Growing Healthy--AIDS Integration, Grades K-6* (Education Development Center, 1989), is presented.

In 7th and 8th grades the *Lion's Quest Program, Skills for Adolescents* (Quest International, 1988), and *Teen Health Training Modules* (Education Development Center, Inc., 1983), are used for health education.

In grades 9-12, many resources are used for presenting HIV/AIDS information.

Curriculum Integration Strategies: In elementary grades (K-6), the HIV/AIDS curriculum is spread out over the school year and integrated into other subject areas. In grades 7-12, HIV/AIDS education is presented in health education classes, biology or science classes, assemblies, and special programs. Suicide prevention and alcohol and drug abuse prevention are also taught.

Some sex education is taught in 5th and 6th grade health classes. In high school grades, medical students and the public health nurse present birth control information.

Staff Training: The high school biology teacher and home economics teacher, two junior high teachers, and two teachers from each elementary school all attended a one-day workshop, sponsored by the state education agency, to learn to teach HIV/AIDS. All school staff have attended a two-hour workshop conducted by the local health department on HIV/AIDS general information.

Skill-building: Most of the regular courses that students take include skill-building for decision-making, self-esteem, problem-solving, and assertiveness. These skills are specifically addressed in the Quest program. Students are also encouraged to develop these skills in extra-curricular activities such as conducting their own businesses and club meetings.

Program Cost Evaluation and Funding Resources: The HIV/AIDS program budget is about $500 per year of the general school fund. This money provides new materials, speakers, and trainings for school district staff.

Staying Current: The state department of education and the state department of health offer workshops for administrators and health educators. The purpose of these workshops is to provide current information and skill-building practice for participants. The school health nurse is also a resource for updated information.

RURAL FEATURES OF THE PROGRAM

A challenge has been addressing the denial of parents. Most seem to believe that their children could never be at risk of HIV infection. Consequently, they are unwilling to become involved in program planning and implementation. Because of this prevalent attitude, a focus of HIV/AIDS education has been to make the epidemic feel like a personal, real issue to students, without causing unreasonable fear.

The district received HIV/AIDS education and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. There is a vast amount of information and material available concerning HIV/AIDS and how to teach about it. Select that which will fit your students' situation.

2. Select appropriate people from among staff to teach or team-teach HIV/AIDS curriculum. They should be willing and trained to teach.

Alvin C. York Agricultural Institute
PO Box 70
Jamestown, Tennessee 38556

Program 23

Contact: Doug Young, Superintendent, or Jerry Seymore, Director of Instructional Services
(615) 879-5828

SETTING

Community: Jamestown is an isolated, rural community that is one of the poorest in the nation. The local economy is based on farming and on a garment factory. There are no racial minorities in this community.

School: There are 700 students in grades 9-12 at this school, and the average classroom size is 20+ students. Although this school functions as the local high school, it is administered by the Tennessee State School Board in Nashville.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades K-12 must receive HIV/AIDS education in Tennessee. The state education agency has developed a K-12 curriculum and provides inservice for teachers, administrators and other school staff.

The state board of education recognizes the broad responsibility of schools in educating the larger community about HIV, and prevention and safety issues. The state education agency is also planning to help provide education to incarcerated youth and to tailor its curriculum to special education teachers.

Local: Students in grades 9, 10, and 12 receive approximately two hours of formal HIV/AIDS education. In grade 11, students receive about one week of HIV/AIDS education.

Abstinence, condoms, homosexuality and sexually transmitted diseases are all topics which are presented and discussed.

There is no perceived risk of HIV/AIDS infection in this student population. This is an extremely culturally and geographically isolated area. However, drug use and sexual promiscuity are ongoing problems for this student group. The teen pregnancy rate at this school is high.

EFFECTIVE STRATEGIES

Curriculum: The state board of education developed a model HIV/AIDS curriculum (Tennessee Department of Education, 1989) which was adopted by this school. Each teacher modifies the curriculum for maximum effectiveness in particular classroom settings.

Curriculum Integration Strategies: HIV/AIDS education has been integrated into health education, sexuality education, biology and science classes, home economics classes, sociology classes, and assemblies and special programs. Other mandated health programs are also in place: pregnancy prevention, suicide prevention, alcohol and drug prevention, drop-out prevention and other at-risk student situations.

Because the state education agency provides the school with an abundance of good material, it has not been difficult to integrate HIV/AIDS information with other subject areas. It is believed that if students obtain information in a variety of ways and in more than one context, they will learn it more completely.

Staff Training: The Tennessee State Department of Education and the public health department provide inservice training for faculty members. All teachers receive some HIV/AIDS education each year.

Skill-building: Freshmen orientation for 9th graders involves 13 different instructors and skill-building workshops in several areas such as self-esteem, study skills, and life skills.

Goal Clarification: Since the time that HIV/AIDS information was first included in the health education program, much more material has become available. In fact, educators have become convinced that HIV/AIDS education is critically important to the long-term health and well-being of students. HIV/AIDS education is now included in the curriculum of several subject areas as a special unit.

Measurement of Program Effectiveness: There is a supervisory teacher for each one of four program groups. This person gives feedback to teachers and to the department chair. Curriculum for all subjects, including HIV/AIDS, is developed, evaluated and redesigned in this way.

Staying Current: The state education agency provides a wealth of material throughout the school year, and the public health department is available as a local resource for updated information. Because staff frequently attend inservice training and workshops, current information and methods are routinely brought back to the school.

RURAL FEATURES OF THE PROGRAM

Because of the small size of the school, it is easy for faculty members to communicate with each other about curriculum and student performance, and to coordinate their instruction for maximum effectiveness in meeting particular student needs.

A challenge in teaching about HIV/AIDS in this rural area has been general apathy and denial. Although HIV/AIDS education is seen as important by teachers and most students, parents and other adult community members have consistently refused to become involved in educational efforts. Generally, the community's adults do not perceive HIV/AIDS education nor sex and drug education to be relevant or important. There is denial that teen sex and drug use exists. Efforts made to educate parents have been largely unsuccessful. Successful efforts have thus emphasized directly educating students about the risks of HIV infection

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. In areas where there is community ignorance and/or denial about HIV/AIDS issues, it is important to carefully choose staff and materials that will cause as little controversy

as possible. For example, choose teachers who are older, parent-like, and who have experience in dealing with sensitive material. Medical professionals, because of their status in the community, can sometimes best present information in a matter-of-fact, reassuring way.

2. Working closely with your local health department will lend credibility to your HIV/AIDS program. Health department staff are valuable as inservice trainers, information resources, and as speakers for student and community groups.

Region VIII Service Center
P.O. Box 1894
Mt. Pleasant, Texas 75455

Program 24

Contact: Patti Florey, Drug Education Program Manager
(214) 572-8552

SETTING

Community: The Region VIII Service Center serves 48 school districts in a very isolated rural area. The economic base of the communities is forestry, but there is a high rate of unemployment and poverty. There is also a high rate of illiteracy (33%-35%) in this area.

Schools: The average daily attendance at schools in these districts ranges from 60 to 4,000 students. Students are predominantly Caucasian with large minority populations of African-American and Hispanic children.

HIV/AIDS EDUCATION CONTEXT

State: Texas has no HIV/AIDS education requirement. The commissioners of education and health recommend that HIV education programs be grade-appropriate and placed within the communicable disease component of the K-12 comprehensive health education requirement. The state education agency is developing a K-12 curriculum and workshops.

The state education agency is also developing program guidelines for HIV prevention education that can be incorporated into social studies, science, health and vocational/home economics classes. These program guides will be similar to those in place in Texas schools for teaching self-responsibility and decision-making to prevent adolescent pregnancy.

Local: A total of 175 fifth grade students from these 48 schools were taught HIV/AIDS education using a selected curriculum in a field-testing program sponsored by the National Rural and Small Schools Consortium (NRSSC).

Students are perceived to be at risk of HIV infection primarily due to the generally poor health of area residents and the high rate of IV drug use in the population at large.

EFFECTIVE STRATEGIES

Curriculum: The curriculum, *AIDS Elementary School Program* (Dade County Public Schools, 1987), was chosen for testing because:
1. the educator's instructions were well-explained and the information provided on HIV/AIDS was thorough, and
2. the curriculum was appropriate for the level of sophistication of these students. For example, there was enough information on homosexuality to enable the teacher to discuss this with students, but there was not an unnecessary amount of detail.

Community Involvement: Local health departments and the Department of Social and Health Services were involved in curriculum implementation in most schools.

Curriculum Integration Strategies: In all schools, the HIV/AIDS curriculum was integrated into health classes taught by the health education teacher or the school nurse. Prevention programs for pregnancy, suicide, dropouts, and particularly for drug and alcohol abuse prevention are also presented in health classes.

Measurement of Program Effectiveness: The pre- and post-tests from the original curriculum (Dade County Public Schools, 1987) were combined and that test was then used as a pre- and post-test instrument to measure student learning.

Students in this field test scored between 70%-80% on the pre-test, and scored 100% on the post-test.

RURAL FEATURES OF THE PROGRAM

Many of the curricula reviewed by this educational service center contained inappropriate issues and information for this rural, Hispanic cultural area. In this service area, homosexuality is a very sensitive subject. Therefore a curriculum was chosen and instructional methods were designed to help health teachers and school nurses present this information to their 5th grade students.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Choose HIV/AIDS curriculum materials that are sensitive to the social, cultural and religious standards of the community at large.

2. The chosen curriculum should be designed to meet the students' level of sophistication, maturity, and existing knowledge.

Palmer I.S.D.
P.O. Box 790
Palmer, Texas 75152

Program 25

Contact: Judith Kerr, Counselor/Curriculum Coordinator
(214) 449-3319

SETTING

Community: Palmer is a transitional community south of Dallas which has been rural, agricultural, conservative and religious. The area is currently in a process of changing, growing and becoming more settled and suburban. It is still, however, a very conservative community.

School: There are 800 students in grades K-12 in this district, and 180 in senior high school. The average classroom size is 15-20 students. Approximately 1.5% of students are black, 8% are of Hispanic origin, and the majority are white.

HIV/AIDS EDUCATION CONTEXT

State: Texas has no HIV/AIDS education requirement. The commissioners of education and health recommend that HIV education programs be grade-appropriate and placed within the communicable disease component of the K-12 comprehensive health education requirement. The state education agency is developing a K-12 curriculum and workshops.

The state education agency is also developing program guidelines for HIV prevention education that can be incorporated into social studies, science, health, and vocational/home economics classes. These program guides will be similar to those in place in Texas schools for teaching self-responsibility and decision-making to prevent adolescent pregnancy.

Local: HIV/AIDS education was provided to 68-7th graders, 35-10th graders, and 19-11th graders in a field test sponsored by National Rural and Small Schools Consortium (NRSSC).

The risk of HIV infection for students in this community is believed to originate from:
1. population growth which is bringing new people, customs and ideas into the area, and,
2. the lack of social and health resources for young people, due in part to the conservative values of the community. The teen pregnancy rate in this community is moderate.

EFFECTIVE STRATEGIES

Curriculum: *AIDS Life Science Junior High School Program* (Dade County Public Schools, 1986a) and *AIDS Health/Life Management Skills Senior High School Program* (Dade County Public Schools, 1986b) were chosen for these students because they are comprehensive curricula and because they are appropriate for this conservative, religious community. For example, the material was not unnecessarily explicit about safe sex or homosexual behavior, but it did equally emphasize sex and drugs as possibilities for transmission of the HIV virus.

Supplemental items appropriate to a rural community were included to enhance the basic curriculum. These included newspaper articles, some handouts from a more liberal curriculum (Plano Independent School District, 1987) used in a neighboring suburban area, some materials from the American Red Cross curriculum (1987a), and a slide show from *AIDS: What You and Your Friends Need to Know* (Downer & Miller, 1987).

Parent Involvement: Two years ago a local doctor made a presentation and showed a video on HIV/AIDS to the parents' club. The parents' approval was then obtained to show the video to students in grades 6-12.

Parents were also included on a fifteen-member AIDS curriculum committee which met to review curricula material and make recommendations to the school board.

Like many rural school districts, parents in this school district do have the option of excusing their children from HIV/AIDS education.

Community Involvement: A local doctor and a lawyer served on the AIDS curriculum committee and gave their feedback to the school board on the appropriateness of various curriculum materials.

Paramedics have loaned videotapes on HIV/AIDS to the schools.

Curriculum Integration Strategies: HIV/AIDS education is offered in life science class in 7th grade, in health and biology class in 10th grade, and in a co-ed homemaking class in grade 11.

Alcohol and drug abuse prevention is being provided only in elementary and junior high and high schools. There are programs at all levels for at-risk students, and there is a growing"Just Say No" club for drug avoidance support and for prevention of pregnancy and HIV infection.

Staff Training: The biology/general science instructor teaches HIV/AIDS education in 7th grade; the health/physical education instructor teaches it in 10th grade; and the home economics instructor presents HIV/AIDS information in 11th grade. These instructors have all attended a 7-hour workshop on AIDS given by the director of the Dallas County Health Department. Eight other teachers attended this same workshop. All teachers for grades 5-12 attended a workshop given by a doctor who specialized in pediatrics and adolescent medicine.

Skill-building: Decision-making, self-esteem, problem solving, and assertiveness skills are taught at all grade levels, and are currently being stressed in elementary and middle schools and in the "Just Say No" club. The amount of time spent on personal skill-building for students has increased to one to two days each week.

Goal Clarification: Since the HIV/AIDS curriculum was first introduced, skill-building has become a perceived priority, and more opportunities for students now exist.

As new students move into the area, the original goals for HIV/AIDS education (and related programs) will be revised to reflect the changing needs and values of the community.

Program Expansion: Plans are underway to expand HIV/AIDS education into other grades. More programs for at-risk senior high students are being developed. Because of the conservative nature of the community, it has been important for the HIV/AIDS education program to begin on a small scale and gradually expand.

Measurement of Program Effectiveness: Administering the pre- and post-test used in the Dade County Public Schools (1986a and 1986b) lesson plans was one way to make sure that HIV/AIDS was adequately taught. Students did show improvement in post-test scores.

Staying Current: The school counselor/curriculum coordinator attends workshops and takes courses on HIV/AIDS in order to stay current with new information and new instructional methods. She then passes this information along to teachers.

RURAL FEATURES OF THE PROGRAM

Curriculum materials were chosen specifically to present comprehensive information in a manner sensitive to conservative community values.

Perhaps because of the attitudes and beliefs of their parents, students in this rural area are naive about HIV/AIDS and about sexual matters. Their naivete and their denial that HIV infection could ever happen to them are student characteristics that teachers specifically address in their presentations.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Forming a curriculum committee from a broad base of community members will establish the local support necessary to implement an adequate HIV/AIDS education program.

2. Help instructors teach personal/interpersonal skills to students in the earliest grades. Skill-building will take up much more classroom time than the presentation of information alone, and is critically important to the program's effectiveness.

3. A good place to present HIV/AIDS education is in the sexually transmitted disease component of a more general health education curriculum.

Waelder I.S.D.
P.O. Box 247
Waelder, Texas 78959

Program 26

Contact: Dr. Bob Carruthers, Superintendent
(512) 665-7161
or
Patricia Gerdes, Instructor
(512) 665-7551

SETTING

Community: Waelder is a large poultry production and agricultural area with about 942 residents on 500 to 600 farms. A sausage factory is the only industry. It is a very isolated, low-income area about halfway between San Antonio and Houston.

School: There are 220 students in grades pre-K through 12. There is usually one teacher for each grade level. The average class size is about 15 students. Of the student population, 65% are Hispanic, 25% are black, and 10% are white.

HIV/AIDS EDUCATION CONTEXT

State: Texas has no HIV/AIDS education requirement. The commissioners of education and health recommend that HIV education programs be grade-appropriate and placed within the communicable disease component of the K-12 comprehensive health education requirement. The state education agency is developing a K-12 curriculum and workshops.

The state education agency is also developing program guidelines for HIV prevention education that can be incorporated into social studies, science, health and vocational/home economics classes. These program guides will be similar to those in place in Texas schools for teaching self-responsibility and decision-making to prevent adolescent pregnancy.

Local: HIV/AIDS education is presented in grades 6-12 (about 64 students) as part of the information given on sexually transmitted diseases. It is well integrated in a variety of ways into ongoing curricula. The program stresses abstinence and does not recommend use of condoms.

A major HIV infection risk factor for these students is their naivete. When these rural students travel to Houston or San Antonio, they may not have the knowledge or the skills to be able to make appropriate decisions in an urban setting.

There is a high teenage pregnancy rate in this community. Among adults, single-parent families predominate.

EFFECTIVE STRATEGIES

Curriculum: The Texas Education Agency's prevention education curriculum (Texas Education Agency, 1989) is the curriculum currently in use for teaching HIV/AIDS education. It is supplemented with newspaper articles, the American Red Cross (1987a) curriculum, posters, videotapes, materials from the Catholic

church on sex education, and material from two other curricula: *AIDS: What Young Adults Should Know* (Yarber, 1987) and *Teacher's Curriculum Guide on AIDS for Use by Middle School and High School Teachers* (Pies & Stoller, 1987).

This combination of education materials was selected through a curriculum development process that was initiated by the school board.

Student Involvement: Students bring in newspaper articles and report on television and radio public service announcements about HIV/AIDS. Because of the way in which HIV/AIDS material is integrated in this school, there are many other opportunities for students to be active in the educational process.

Community Involvement: To develop and improve the programs for at-risk students, the school board met with the local civic council and reviewed health education curriculum materials with them.

A community-wide meeting was held for curriculum review and a free, complete barbecue dinner was provided for participants. All of the teachers attended, some community members attended, and more parents (20-30) attended than was usual.

Curriculum Integration Strategies: HIV/AIDS education is provided in a multi-faceted, interdisciplinary way in health, science, math, and English classes. Curriculum materials were selected that could be incorporated in small time spans (e.g., 5 to 10 minutes each week) in various classrooms and in diverse ways.

Students engage in role-playing, discussions, and in special projects on HIV/AIDS. They are presented with many handouts in different classes.

Pregnancy prevention, and drug and alcohol abuse prevention are related subjects also taught in this manner.

Skill-building: A program specifically for personal and relationship skill-building has been implemented. For 35 minutes at the end of the school day for 3 weeks, a workshop on puberty issues, sex education, self-esteem, refusal skills, and decision-making skills is presented. The difference between sex and sexuality, the building of relationships through sexual abstinence, and the destructive power of sexual activity for teenagers are themes around which skills are developed and practiced in this program.

Goal Clarification: Initially, the focus of HIV/AIDS education was on content and implementation methodology. Because a variety of curriculum material was used in many ways, teachers developed a good sense of what is and is not effective with their students.

The new goal is to find and/or develop new teaching resources and methods. For example, using computer programs or video games would be a very effective method of instruction for many of these students.

Measurement of Program Effectiveness: Semester exams and pre- and post-tests are the tools used to measure program effectiveness. Both show that students retained far more information after they had been "bombarded" with

HIV/AIDS education materials throughout their school year in a variety of activities.

Staying Current: Current HIV/AIDS information is obtained from the Centers for Disease Control, the Surgeon General's Office, PTA publications, the San Francisco AIDS Foundation, the Texas Education Agency and the U.S. Department of Education. Curriculum content is routinely updated.

RURAL FEATURES OF THE PROGRAM

Parent involvement has been difficult to achieve at this school. Information/handouts are routinely sent home with students and a program for parents on sexuality was tried, but parental response was minimal.

A challenge in teaching students at this school has been overcoming their belief that AIDS is a disease of homosexuals. Particularly, black students have the perception that black people do not get HIV infection.

In teaching these rural students about the HIV/AIDS epidemic, it has been important to also teach them about different lifestyles and the pressures with which they will be coping if and when they find themselves in an urban setting.

The district received HIV/AIDS education and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Instructional materials should be interesting, participatory and fun in order to hold students' attention. Computer presentations should be tried.

2. Have a large variety of handouts and put them into a loose-leaf notebook format with both student and teacher forms available.

3. The "sponge" method of presenting HIV/AIDS curriculum with a variety of approaches in various classrooms has worked very well. Another advantage of this method is that each school can tailor instruction to fit its classroom settings and student needs.

Wimberly Independent School District
P.O. Box 1809
Wimberly, Texas 78676

Program 27

Contact: Vernon Newsom, Superintendent
(512) 847-2414
or
Sam Parker, Instructor
(512) 847-5729

SETTING

Community: Wimberly is a rural retirement and resort community near Austin, Texas.

School: There are 350 students in grades 4-12 in the school district. The majority of students are white. A very small minority of black and Hispanic students exists. The average classroom size is 17 students.

HIV/AIDS EDUCATION CONTEXT

State: Texas has no HIV/AIDS education requirement. The commissioners of education and health recommend that HIV education programs be grade-appropriate and placed within the communicable disease component of the K-12 comprehensive health education requirement. The state education agency is developing a K-12 curriculum and workshops.

The state education agency is developing program guides for HIV education that can be incorporated into social studies, science, health and vocational-home economics classes. These program guides will be similar to those in place in Texas schools for teaching self-responsibility and decision-making to prevent adolescent pregnancy.

Local: Students in grades 4 through 8 receive HIV/AIDS education informally in various classroom settings, and senior high school students (grades 9-12) receive about one week of formal instruction in health education classes.

The greatest risk of HIV infection for these students is their geographical proximity to a large urban area which has a high incidence of HIV/AIDS cases.

EFFECTIVE STRATEGIES

Curriculum: In the school year 1988-89, fifteen students in grades 9-12 participated in a curriculum field-test sponsored by the National Rural and Small School Consortium (NRSSC). The curriculum, *Teacher's Curriculum Guide on AIDS for Use by Middle School and High School Teachers* (Pies & Stoller, 1987) was used for formal HIV/AIDS education for this group. A book, *AIDS--A Guide for Survival* (Harris Co. Medical Society and Houston Academy of Medicine, 1987) and the pamphlet, What Do We Know About AIDS? (Education Training Associates, 1987), were used as supplemental material. This curriculum was chosen because it covered the material in a short period of time.

Students showed post-test improvement in knowledge gained. This curriculum was found to be satisfactory and will be used again.

Curriculum Integration Strategies: In addition to integrating HIV/AIDS education into health education classes, handouts on HIV/AIDS are given to all students.

Staff Training: The school nurse has attended numerous workshops on HIV/AIDS and has provided inservice training directly for health education teachers, elementary school teachers, and other interested faculty members.

Skill-building: Assertiveness, problem-solving, and decision-making skills as well as self esteem issues are discussed and practiced in high school home economics and health education classes.

Goal Clarification: Since beginning HIV/AIDS education in this school, it has become apparent that involving parents and the community would enhance educational efforts. Accordingly, the school nurse will be offering HIV/AIDS education programs for parents, and planning will begin to design community involvement activities.

Measurement of Program Effectiveness: The pre-test, post-test instrument that accompanied the curriculum was used to measure student learning. It was also used to more closely tailor the instruction and the curriculum to the specific needs of these students.

Staying Current: Curriculum material is routinely updated with local statistics, HIV/AIDS publications from a variety of sources, and instructional aids from the Texas Educational Agency.

RURAL FEATURES OF THE PROGRAM

Because this community is small and is composed primarily of professional people, expertise in various subject areas is available to the school. In general, residents are interested and involved in school activities. Parent-professional relationships that may be beneficial to the HIV/AIDS education program are fostered.

Some of the parents share a very conservative attitude about sex education, including HIV/AIDS education in the schools. It has been necessary to allow parents to preview these instructional materials and to allow them to choose other instruction for their children.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Provide up-to-date, accurate information at all times to maintain your program's credibility with the community.

2. Give handout materials to students to read and study on their own.

3. Allow students to ask any questions regarding HIV/AIDS.

4. Give a pre-test to students to determine the level of information they already have, and tailor instruction to their specific educational needs. Use a post-test to determine student learning.

Cabot School
Main Street
Cabot, Vermont 05647

Program 28

Contact: Helen Morrison, Senior High School Science and Math Instructor
(802) 563-2289

SETTING

Community: Cabot is a rural, dairy-farming community of about 1,000 residents that is experiencing an increasing influx of rural commuters.

School: There are 225 students in grades K-12 at Cabot School. The average classroom size is 12-15 students. There are no racial or cultural minorities, with the exception of a few students who have a French Canadian background.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades K-12 must receive HIV/AIDS education as a component of the required comprehensive health education course. The state education agency has developed program development guidelines with suggested learning outcomes for grade levels K-3, 4-6, 7-8, and 9-12. It has held regional workshops for administrators, teachers, board members, and community educators on training and on local program development.

Additionally, the state education agency works with school-based teams at the Mountainside Wellness Conference to promote health in school curricula and environment, and is developing and testing a comprehensive health education program in which HIV/AIDS education will be a key component. The Statewide Prevention Conference sponsored by the Office of Alcohol and Drug Abuse includes workshops on HIV/AIDS prevention.

Local: In grades 1-5, students receive about two hours of HIV/AIDS education; in grades 6-8, they receive a total of about one day of instruction; in grades 9-12, more than one week total time is spent on HIV/AIDS education.

As there is not an IV drug use problem in this community, the risk factor for HIV infection for these students would be sexual contact with infected partners. The general attitude among students is that only IV drug users and gay men contract AIDS and that others are not at risk.

EFFECTIVE STRATEGIES

Curriculum: These curriculum materials have been valuable: 1) a book, *Does AIDS Hurt?* (Quackenbush & Villarreal, 1988),for grades K-6, 2) *Teaching AIDS - A Resource Guide on Acquired Immune Deficiency Syndrome* (Quackenbush, 1988) for grades 7-12, and 3) American Red Cross (1987a) video tapes for grades 7-12.

For this school year, a comprehensive K-12 HIV/AIDS curriculum has been written and is in the process of being reviewed and revised by a committee of teachers who are receiving help from the state department of education. It is based upon the above materials and on the state department of education's model health education curriculum (Vermont Department of Education, 1987).

Curriculum Integration Strategies: HIV/AIDS education is incorporated into regular classes in an interdisciplinary approach, into health education classes, and into biology and science classes. It is also presented in assemblies and special programs. Alcohol and substance abuse prevention, pregnancy prevention and suicide prevention programs are presented in this manner as well.

Staff Training: Special inservice training on HIV/AIDS education has been provided to the high school health education teacher, the high school science teacher and all of the elementary school teachers. All auxiliary staff have received inservice education on HIV/AIDS generally and on how to handle body fluid spills.

Skill-building: In health classes and in guidance sessions, small group work is done with students to increase their self-esteem and their decision-making and problem-solving skills.

Program Expansion: The comprehensive K-12 HIV/AIDS curriculum now being revised will expand this education into many subject areas and will provide teachers with methods for integrating HIV/AIDS material into regular classroom presentations.

Staying Current: Serving on AIDS education committees and boards, and reading articles and literature published or recommended by the Centers for Disease Control are ways that instructors keep current with new information.

RURAL FEATURES OF THE PROGRAM

Approaches to HIV/AIDS education that have worked in this rural community are: stressing the known facts, not being judgmental, and being aware of people's fears of the unknown.

It has also been important to stress to students that HIV/AIDS issues are relevant to them and that their geographical isolation alone does not protect them from infection.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Find someone at your school who really cares about providing quality HIV/AIDS education and have that person guide education endeavors.

2. Make sure curriculum materials are age-appropriate. For example, K-4 materials should deal simply with the topics of disease and death, should be reassuring about how difficult HIV infection is to contract, and should foster compassion for ill persons.

Alleghany High School
Route 2, Valley Ridge Road
Covington, Virginia 24426

Program 29

Contact: Phillip B. Douglas, Assistant Principal
(703) 862-5771
or
Dr. Mary Burton, Director of Instruction
(703) 962-3968

SETTING

Community: Covington is an industrial area with a film plant, pulp and paper mills, a railroad, and two small cities. It is about 50 miles from a major urban area.

School: There are 950 students in grades 9-12 in Alleghany High School. The average class size is 20-25 students. The majority of students are white; 15-20% are black or of Hispanic origin.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades 5-12 must receive HIV/AIDS education in the comprehensive K-12 family life education program. The state education agency has developed regulations and program guidelines for the family life education requirement. It provides teacher training through a teleconference system.

The requirements for family life and HIV/AIDS education provide sufficient details to give school districts a concrete direction, but are flexible enough to enable local involvement.

Local: HIV/AIDS education is provided for approximately two hours in grades 9 and 10 in the family life education program. It is also covered in vocational school, in extra-curricular clubs, and in the program for gifted students. The topics of abstinence, condoms, homosexuality, safer sex, and sexually transmitted diseases are all included in the instruction.

It is believed that students are at risk for HIV infection at the same rate as for the general population. Features of this community that may place adolescents at risk are the very high teen pregnancy rate and the disproportionate high school dropout rate. It is estimated that 25% of students entering the 9th grade will not graduate.

EFFECTIVE STRATEGIES

Curriculum: The Fairfax, Virginia curriculum was used as the standard for developing a comprehensive family life education program that includes HIV/AIDS education.

Parent Involvement: A 15-20 member family life curriculum committee of the school board included parents as active participants. All parents were invited to review the proposed curriculum materials and to provide feedback to the school board.

A parent handbook to accompany the family life program is distributed to all parents and contains a section on HIV/AIDS. Lesson plans are sent home with students so that parents may review the material prior to instruction. Parents may then excuse their children from portions of the program if they choose.

A parent education series will soon be announced and will offer workshops on curriculum materials to interested parents.

Student Involvement: Student body officers and club leaders were included on the family life curriculum committee. This year students will formally evaluate the program.

Community Involvement: A community team was organized to develop a comprehensive family life curriculum which would include sex education and HIV/AIDS education. Community members were invited by school board members to serve on the committee, and membership was open to any interested persons. The final committee was composed of 15-20 members who were parents, teachers, students, office personnel, church members, and representatives of the health department and social service agencies. This committee held public hearings before the school board as curriculum materials were being reviewed.

Staff Training: Regular teachers who had received college or inservice training in sex education were identified and asked to serve as consultants and trainers to other teachers who would also be presenting components of the family life program.

Goal Clarification: Program objectives have changed in the three years since the family life curriculum was implemented. For example, a program to educate parents was developed when it was discovered that there was a need to involve parents more positively in their children's education.

It is an on-going task of the curriculum committee to identify needs and develop strategies to meet those needs.

Measurement of Program Effectiveness: This year students, teachers and parents will be invited to formally evaluate the HIV/AIDS education program. These evaluations will be used in the curriculum review process.

Cost Evaluation and Funding Resources: The HIV/AIDS education program costs this school an estimated $1,000 each year. The state education agency provides $1.35 per student per year for family life education.

Staying Current: New HIV/AIDS curriculum materials received from the state and from other sources are reviewed by the family life curriculum committee.

During the school year, personnel from the health department are invited into classrooms to give updated information on the HIV epidemic.

RURAL FEATURES OF THE PROGRAM

It is possible in a rural area to treat all students, parents, and community participants as individuals and learn specifically about how to best educate them.

Because of the small size of the school, it has been possible to obtain the opinions of parents and community leaders about specific curriculum items. This has been valuable in curriculum modification, in plans for parent education, and in productive communication. (Please see "Suggestions" below.)

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Invite people who might oppose sex education or HIV/AIDS education to be on a curriculum committee. Do not attempt to hide activities from the community.

2. It is important to have a structure in place to involve parents, e.g., curriculum review teams or parent education classes. The more they are involved, the easier it is to present sensitive information to their children.

3. Sending lesson plans home with students and to clergy members alerts parents and clergy to the fact that sensitive information is going to be presented. They can then coordinate their educational efforts to coincide with those of the school.

4. For the coordinator or director of HIV/AIDS curriculum development, choose a person who is trusted by a wide segment of the community. Such a person should a) be a long-time resident, b) have visibility, c) have a good reputation, and d) be someone who has demonstrated that they have children's best interests at heart.

5. Choose HIV/AIDS education teachers who a) have a good rapport with children, b) are comfortable with and willing to present sensitive material, c) have been teachers at the school at least 2 or 3 years, and d) are people who have a personal lifestyle that is compatible with the predominant values of the community.

Mill A School District #31
111 R. Jessup Road
Cook, Washington 98605

Program 30

Contact: Douglas Miller, Superintendent
(509) 538-2522

SETTING

Community: Cook is a very isolated rural community of about 225 people. It is located in a small valley between ridges of mountains and is apart from other communities.

School: There are about 50 children in grades K-8. Most students are white, but 6-10% are Native American and 6% are of Hispanic background. The average classroom size is 10 students; some grades are combined in one classroom.

HIV/AIDS EDUCATION CONTEXT

State: Students in grades 5-12 must receive HIV/AIDS education in Washington. The state education agency has developed a curriculum manual for grades 5-12 and has conducted regional workshops for administrators and teachers.

The state office of HIV/AIDS has regional centers that provide communities and school districts with technical assistance and with qualified health educators for teacher training. The state education agency is developing a curriculum for youth in correctional facilities and outreach centers, and it is providing assistance to migrant children and their families in HIV/AIDS prevention.

Local: HIV/AIDS education is provided to students in grades 5-8 in a three-day program for 45 minutes each day. Abstinence is discussed in each grade level. Condoms, homosexuality, safer sex, and sexually transmitted diseases are topics that are included in the instruction for grades 7 and 8.

EFFECTIVE STRATEGIES

Curriculum: The state education agency's model curriculum, *KNOW: AIDS Prevention Education, An HIV/AIDS Curriculum Manual* (Washington Department of Public Instruction, 1988), for grades 5-12 has been adopted. Audiovisual materials provided by the educational service district are incorporated into this instruction.

Skill-building: Building student self-esteem is a focus of all teacher-student interactions. Problem-solving skills are practiced as a part of math and science instruction.

Goal Clarification: The HIV/AIDS education program was implemented to meet the state requirement. Subsequently, the need to build a foundation of human sexuality information has been identified as a goal. The health education curriculum is now being reviewed by the PTA and the teaching staff.

Program Expansion: This year, human reproduction instruction will be provided to 5th and 8th grade students prior to the unit on HIV/AIDS.

Staying Current: The state education agency, through local education service districts, provides schools with updated material and new instructional aids such as videos.

RURAL FEATURES OF THE PROGRAM

Even though, statistically, rural populations may have a lower risk of HIV infection, it is as important here as in other areas for HIV/AIDS education be as complete and accurate as possible. It is therefore a goal in this school to maintain high quality of HIV/AIDS education over time.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. At PTA meetings, ask interested parents to help develop and implement your HIV/AIDS education program.

2. Don't exclude any interested persons from participation in the curriculum development process.

3. If state regulations permit, require parents to review the HIV/AIDS and sexuality curriculum prior to permitting them to exclude their children from instruction.

4. Personally invite community members and interested parents to be part of a curriculum review committee. This will insure that your program has community support.

Whitehall Public Schools
2405 Hobson
Whitehall, Wisconsin 54773

Program 31

Contact: Pamela Nelson, R.N., School Nurse
(715) 538-4374
or
(715) 538-4364

SETTING

Community: Whitehall is a rural farming community of about 1500 residents.

School: There are 749 students in grades K-12, and there is a pre-K program for special needs children. The average classroom size is 20-25 students. There are very few students of ethnic minority background; most students come from a Norwegian or Polish cultural background.

HIV/AIDS EDUCATION CONTEXT

State: Wisconsin has no HIV/AIDS education requirement, but the state education agency recommends that HIV/AIDS education be incorporated into the sexually transmitted disease component of the K-12 health education requirement. The state education agency has developed K-12 curriculum guides and offers teacher training for educators in high HIV-risk areas.

HIV/AIDS education is linked in a five-year plan with a larger state prevention education program which coordinates prevention education and intervention services to address the emotional needs of students and reduce their risk behaviors. The state education agency also plans to focus on high-incidence areas and high-risk youth including out-of-school youth, homeless youth, and runaways.

Local: HIV/AIDS education is provided formally in grades 9 and in grades 11 or 12 for more than one week, in health education and human sexuality classes. In other grades, HIV/AIDS is discussed informally in health education units. These topics are included in the instruction: abstinence and condoms in 9th grade classes, safe(r) sex and sexually transmitted diseases in grades 9 and 11 or 12, and homosexuality in grade 11 or 12.

Because there is no known IV drug problem in the community, any risk of HIV infection in this student population would probably come from sexual activity. Generally the risk is perceived to be low because of the geographical isolation of the community.

EFFECTIVE STRATEGIES

Curriculum: The state education agency's curriculum guides (Wisconsin Department of Public Instruction 1988a & 1988b) are used as bases for the HIV/AIDS education unit. Current news items, videotapes, and material from staff inservice trainings are added to the instruction.

Curriculum Integration Strategies: HIV/AIDS education is provided with prevention programs for pregnancy, suicide, drug and alcohol abuse, physical

and sexual abuse, and accidents. Protective behaviors and safety skills are taught and practiced.

Staff Training: Inservice training in HIV/AIDS education was provided to the high school health education teacher. Public health and school nurses have given inservice workshops to other staff members on current general HIV/AIDS information and on how to safely handle body fluid spills.

Skill Building: In addition to prevention skills, decision-making, problem-solving, and assertiveness skills are also practiced. Building student self-esteem is a special focus of instruction in health education in grades K-6. In grades 7 and 8, a unit on values and choices is presented.

Program Expansion: Although a formal HIV/AIDS curriculum has not been adopted for grades K-6, the health education teacher has added HIV information and discussion opportunities in health units for these grade levels.

This year, because of the success of the high school program, an HIV/AIDS curriculum has been implemented for 7th and 8th graders.

Measurement of Program Effectiveness: Tests are given to students at the end of health education units to measure the knowledge they've gained. Modifications are made in instructional methods and materials using these test results as a guideline.

Staying Current: The state education and health agencies both provide updated HIV/AIDS information to school districts on a regular basis.

The school provided parents and community members with current information on HIV/AIDS in newsletters and through local news media. Once a year, the health education teacher sends the curriculum to parents for their information. They may then excuse their children from HIV/AIDS instruction if they choose.

RURAL FEATURES OF THE PROGRAM

Because this is a rural, isolated population, teachers can offer students more reassurance about their relatively low risk of HIV infection. On the other hand, it is important that students not be given a false sense of confidence that they are immune from the HIV virus.

Keeping parents informed about the content of instruction and being open to their feedback has been the most effective way to deal with potential community opposition to HIV/AIDS education.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

If you have no HIV/AIDS education program at your school, contact your local county health department to find people who can help you design, implement and present a program.

Hot Springs County School District #1 Program 32
415 Springview
Thermopolis, Wyoming 82443

Contact: Jerry Pauli, Special Education Director
(307) 856-3829

SETTING

Community: Thermopolis is a small, conservative town of about 4,500 people bordering a state park. Tourism and petroleum are the basic industries, and the school district is the largest employer. The population is fairly stable.

School: There are about 1,000 students in grades K-12, and the average classroom size is 15-22 students. There are a handful of Native American students, but the vast majority are white.

HIV/AIDS EDUCATION CONTEXT

State: Wyoming has no HIV/AIDS education requirement. The state education agency provides training and staff inservice on request and plans to provide regional training sessions.

Districts can apply to the state education agency for assistance in developing HIV/AIDS education programs.

Local: HIV/AIDS education is provided in some form in all grades, K-12.

Risk of HIV infection in this student population would primarily be from sexual activity. A school survey of students revealed that while there is little illegal drug use, alcohol consumption is high beginning in the 8th grade, and sexual activity begins early in the lives of these teenagers. This county has one of the highest teen pregnancy rates in the state, and the state of Wyoming itself has a high teen pregnancy rate.

EFFECTIVE STRATEGIES

Curriculum: An HIV/AIDS curriculum and policies are currently being developed. Previously, the Quest and DARE drug and alcohol prevention programs (Quest International, 1988 & Los Angeles Unified School District, 1984-1989) were used as models, and HIV/AIDS prevention information was included as part of the drug information. Additionally, video tapes and a "hodge-podge" of other materials was used by teachers so that students could receive accurate HIV/AIDS information.

Parent Involvement: An open house was held for parents, and a panel was formed to answer parents' questions about HIV/AIDS and the curriculum currently being developed.

Parents are involved in an active pregnancy prevention task force that has the general approval of the community. Parents are also included on the health education committee which is developing a comprehensive curriculum.

Community Involvement: A 23 member working health education committee is developing a comprehensive curriculum for all grades. On this committee are counselors, teachers, ministers, parents, nurses, mental health professionals, the school board chairman, and a sheriff's deputy. This committee also previews videotapes and materials now in use for health and sexuality education.

Staff Training: An extensive staff development program will be implemented over the next five years. Specifically, the health education teacher will be specially trained in HIV/AIDS and sexuality education. All personnel will be involved in general inservice training on HIV/AIDS and other student health issues.

Skill Building: A major focus of the program for pregnancy prevention that will also be used in HIV/AIDS education is building and maintaining the self-esteem and strong self-concept of students. This is seen as basic to the development of refusal and decision-making skills.

Program Expansion: The process of program development already described will enormously expand the time, information, and skill development available to students for health education.

Measurement of Program Effectiveness: Criteria for monitoring the learning of students is being developed along with HIV/AIDS curriculum. It will measure behavior and attitude change as well as information learned.

Program Cost Evaluation and Funding Resources: The comprehensive health education program which includes HIV/AIDS education will cost $5,000 to $10,000 initially. The state education agency is providing a $1,200 grant for start-up costs. Because the school board made HIV/AIDS education a priority, the budget for materials and especially for staff development is high.

RURAL FEATURES OF THE PROGRAM

Because this community is isolated and conservative, it has not been possible until now to offer comprehensive sex education in the schools. The need to provide HIV/AIDS education has opened the door for the implementation of sexuality education as well.

The small size of the community makes it possible to actively involve all interested parents and community leaders in the HIV/AIDS education process.

The district received HIV/AIDS education assistance and resources from the National Rural and Small Schools Consortium (NRSSC).

SUGGESTIONS FOR OTHER SCHOOLS

1. Whether or not your state mandates HIV/AIDS education presently, it is important to begin a program, and many resources are available.

2. Programs for pregnancy prevention and drug and alcohol prevention that are already in place can serve as good models for the development of HIV/AIDS education programs.

Suggestions, Summary, and Trends

In addition to specific strategies that schools are using to develop, implement, and evaluate their HIV/AIDS education programs, the participating schools have offered additional suggestions. These reflect the issues and strategies that have emerged as those most important in HIV/AIDS education program development and implementation.

Curriculum suggestions include advice about tailoring material to the specific needs of rural students, classroom situations, and school needs. Suggestions for materials selection and effective methods of instruction for general students are included, as well as suggestions for the selection of curriculum materials for special education students.

The suggestion for parental involvement focuses mainly on how to cope with parental resistance to program material and strategies for helping parents become active and involved in program development and implementation.

Suggestions for community involvement include ideas about how to make use of community resources in program development. They also include ideas for building community support and trust, overcoming opposition, and techniques for educating community members.

Specific suggestions were made about methods of program integration and the presentation of related subject information.

Suggestions were made for selecting teachers who will be most effective in presenting HIV/AIDS information. An idea for teaching personal/interpersonal skills to students is presented.

Program evaluation suggestions include ideas for measuring program effectiveness, suggestions for determining the validity and accuracy of new information, and ideas for goal-setting.

Miscellaneous suggestions are presented and include advice on how to get started if there is no HIV/AIDS education program in a particular rural school, and descriptions of effective program characteristics.

Rural Features of the Programs--Brief Summary

There are many advantages that rural schools possess in teaching HIV/AIDS education.

Briefly, they are:

1. Ease of communication. There is more intimacy and dialogue between students and teachers, and between the school and the community. Trust is high, making sensitive issues easier to discuss.

2. It is easier to tailor instruction to fit student needs, community values, and school resources. This is because it is easier to determine what the needs, values and resources are in a small area.

3. It is possible to treat everyone as an individual and address very specific concerns.

4. Communities in most rural areas tend to be very involved and interested in local school activities.

5. It is easier in small schools to obtain student feedback that is useful in planning and modifying curricula. Discussions can be casual, open, and intimate, leading to effective and responsive education.

6. In small schools, faculty members can more closely coordinate instructional efforts to maximum effectiveness.

7. Because many rural areas are isolated from larger populations, teachers can offer more reassurance to students than is possible in urban areas.

There are also many challenges to presenting HIV/AIDS education in rural schools. They include the following:

1. There is often parental and community opposition to public school education about sexuality and HIV/AIDS because of the predominance of traditional, conservative values in many rural areas.

2. Parents and students alike tend to feel protected from the HIV epidemic in their rural communities and are apathetic or in denial that the subject matter has any personal relevance to them.

3. Fear of the unknown and fear of change often fuel opposition to HIV/AIDS education.

4. It has been a challenge for some small schools to find curriculum materials that fit the cultural, racial, and/or sophistication level of their students. Most curricula are geared toward urban youth.

5. Implementing HIV/AIDS education in some rural schools has required patience and willingness to confront and debate important issues.

6. Rural students need to be educated about urban lifestyles and coping skills, or they will be particularly at risk when they leave their rural communities.

7. Overcoming stereotypes and myths that block effective HIV/AIDS education is perhaps more difficult in rural areas due to a lack of examples of varying lifestyles in rural communities.

STRATEGIES FOR USING HIV EDUCATION RESOURCE MATERIALS IN RURAL SCHOOLS *

Doris Helge, Ph.D.

July, 1989

Two-thirds of all U.S. schools are rural, and over three-fourths are small. This is a vast constituency. Many rural communities thrive on traditional values and do not welcome sex education. Rural citizens frequently view AIDS as an urban gay men's problem.

Strategies for creating any type of change in rural areas are best implemented by local personnel who feel that the change was at their initiation or, at least, addresses a perceived need of theirs. Many rural schools do not offer health education or may offer it at some grade levels, from 1-2 hours per week. Thus it is difficult to do the ideal in a rural setting -- to integrate HIV education into a more comprehensive program of school health education. Significant change will most likely occur with approaches that are holistically and experimentally based, and take the time to process information, vs. those that assume that a cognitive "one shot" curriculum approach will produce child change.

As reported by Lloyd Kolbe of the Centers for Disease Control (U.S.A. Today, D-2, May 16, 1989), even though national surveys have clearly indicated that teens know the basic facts about AIDS, they are not doing much to protect themselves. HIV education has to be more than information transmission. It must include decision making and communication skills and self-esteem education. Students with high self esteem will

care enough about themselves and others to make decisions to improve their future rather than unnecessarily place themselves at risk.

It is clear that self esteem education must be integrated with HIV education. This cannot occur within a few hours. Accomplishing this in conservative, under-funded rural schools is an exciting challenge.

The National Rural and Small Schools consortium (NRSSC), is using approaches to integrate HIV education and techniques to enhance self esteem. This design is necessary so that students have both the strength and the knowledge to abstain from early sex or, at least, to experience safe(r) sex. Approaches have been field tested with a pilot student group. Pre and post-test data were gathered from the students, their teachers, related administrators, and the group facilitators regarding HIV education and self esteem enhancement. A training session is taught at the annual NRSSC and ACRES national conferences and during courses offered at Western Washington University, where NRSSC is housed. During such sessions, participants receive basic HIV education and design a plan for implementing HIV education and self esteem enhancement projects in their home districts. They also hear content regarding rural-based strategies for implementing HIV education and discuss other information gained from working with the pilot project.

An example of the unique HIV education change strategies required to implement HIV education in rural schools is the involvement of county extension personnel. They are out and about in the local community, know everyone, and are selected for their positions because they are respected citizens and thus listened to. Other examples of parties to be educated and involved for effective HIV education programs are extended families (more prevalent in rural areas), other "natural outreach providers" (e.g., public

health providers, meter readers, mail carriers, bookmobile personnel, and others who have a natural communication system that is highly effective). The local communication and power structures must be acknowledged and effectively used. (E.g., the one gas station attendant in a remote rural area talks to lots of folks each day and can change opinions. The clerk at the one grocery store in the area is another rural resource.)

Most such individuals, according to NRSSC and ACRES on-site studies, are well respected in the local community and can make or break a project. It is also critical to involve local social organizations no matter how few and how small they may be. For example, the garden club could show a Red Cross HIV education film as a program. The 4H club, a county extension meeting, the Grange organization, VFW, the wranglers riding club, and local churches could do the same.

Any social organization, informal or formal, can be a vehicle for implementing HIV education. If rural citizens feel that the project is relevant to the community and if they are involved in designing and implementing the project, it will be more likely to be implemented. Such groups are essential for school HIV education programs to be successful.

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Appendix A

Suggestions Catalog

In addition to specific strategies that school districts have used for effective HIV education, additional suggestions are offered by our participating schools. These suggestions reflect the issues and strategies that emerged as most important in HIV/AIDS education program development and implementation. The numbers of program references follow in parentheses.

I. Curriculum

A. Materials Selection

1. For 5th grade students, it is important to define and explain viruses, bacteria, "germs", antibodies, and simple heredity mechanics. These students will likely not have encountered this information before, but it is information that they can understand and in fact request, and it is important to their understanding of HIV/AIDS. (3)

2. It is important to ascertain the community's standards and values in order to know what information in the curricula to emphasize. (3)

3. A student handbook or workbook for junior high students would be an instructional asset. (4)

4. Having an ordered process for curriculum development will assist a broad-based committee in completing its task. (5)

5. Adjust the scope and sequence of the curriculum material, regardless of which curriculum is used, to meet individual, school, classroom and/or community needs. (9)

6. Good audiovisual materials are very useful in presenting this material to students. (11)

7. Don't re-invent the wheel. Look at what other communities and school districts are doing to institute HIV/AIDS education and choose programs that will work best for your community. (13)

8. It is important to select materials that are relevant for all cultural and ethnic backgrounds of participating students. (15)

9. Borrowing and taping non-copyrighted videos is one good way to build a library of educational materials. (16)

10. Films are particularly useful in presenting information to young students. (17)

11. It is important to tightly couple the HIV/AIDS curriculum with student needs and learning outcomes. (20)

12. It is important that educational materials reflect the lifestyles of the students. If materials demonstrate other lifestyles, young students may come to believe that the HIV/AIDS epidemic is not relevant to them. (21)

13. There is a vast amount of information and material available concerning HIV/AIDS and how to teach about it. Select that which will fit your students' situation. (22)

14. In areas where there is community ignorance and/or denial about HIV/AIDS issues, it is important to carefully choose staff and materials that will cause as little controversy as possible. For example, choose teachers who are older, parent-like, and who have experience in dealing with sensitive material. Medical professionals, because of their status in the community, can sometimes best present information in a matter-of-fact, reassuring way. (23)

15. Choose HIV/AIDS curriculum materials that are sensitive to the social, cultural and religious standards of the community at large. (24)

16. The chosen curriculum should be designed to meet the students' level of sophistication, maturity, and existing knowledge. (24)

17. Instructional materials should be interesting, participatory, and fun in order to hold students' attention. Computer presentations should be tried. (26)

18. Make sure curriculum materials are age-appropriate. For example, K-4 materials should deal simply with the topics of disease and death, should be reassuring about how difficult HIV infection is to contract, and should foster compassion for ill persons. (28)

19. Programs for pregnancy prevention and drug and alcohol prevention that are already in place can serve as good models for the development of HIV/AIDS education programs. (32)

B. Methods of Instruction

1. The district health department staff may be willing and available to present explicit material that is difficult for teachers to present. (3)

2. Bringing in other professionals to speak on HIV/AIDS and related subjects provides variety and interest and broadens the educational base for students. This strategy also lends the program additional credibility. (4)

3. It takes awhile for students to "warm up." Beginning the program with a discussion of real-life situations helps to "break the ice." (4)

4. Use outside speakers to help present sensitive information. (5)

5. The HIV/AIDS curriculum should be presented by teachers who are comfortable with the subject matter. The school health nurse or some other qualified person can present this information if the classroom teachers are not comfortable. (8)

6. It is important to present HIV/AIDS education in some form. If a formal curriculum is not yet in place, an informal presentation of information will suffice. (10)

7. It is important for HIV/AIDS education to stress that the AIDS epidemic is something students will have to be aware of and cope with throughout their lives. (15)

8. Make presentations casual and conversational. (18)

9. Use community professionals such as doctors and nurses to assist in instruction. (18)

10. The small size of the school can be a bonus in presenting threatening information because, for example, discussion groups can be small and intimate. (18)

11. It is important not just to present HIV/AIDS information, but to also teach those concepts that will best meet the needs and practical concerns of young people. (20)

12. Have a large variety of handouts and put them into a loose-leaf notebook format with both student and teacher forms available. (26)

13. The "sponge" method of presenting HIV/AIDS curriculum with a variety of approaches in various classrooms has worked very well. Another

advantage of this method is that each school can tailor instruction to fit its classroom settings and student needs. (26)

14. Give handout materials to students to read and study on their own. (27)

15. Allow students to ask any questions regarding HIV/AIDS. (27)

C. Material Selection for Special Education Students

1. An elementary, understandable, tailored version of the standard HIV/AIDS curricula should be provided to students with disabling conditions that require this approach. (8)

2. Adjust the scope and sequence of the curriculum material, regardless of which curriculum is used, to meet individual, school, classroom and/or community needs. (9)

3. A goal of HIV/AIDS education for special education students is to reduce their fears and focus more on preventive skills. (9)

II. Parent Involvement

A. Coping With Parental Resistance

1. Take time to educate those who object to the teaching of HIV/AIDS. Explain the program's value in terms that they can appreciate and understand. (1)

2. The more involved parents and community members are in curriculum development, the easier a comprehensive health eduction program will be to implement. (8)

3. Have patience for the prejudices that exist in the community and learn how to work with and around them. It is important to keep offering information. (11)

4. Expect community and parental criticism of an HIV/AIDS education program and learn to take this criticism constructively. Use it to improve your program and gain community support. (12)

5. Invite people who might oppose sex education or HIV/AIDS education to be on a curriculum committee. Do not attempt to hide activities from the community. (29)

6. It is important to have a structure in place to involve parents, e.g., curriculum review teams or parent education classes. The more they are involved, the easier it is to present sensitive information to their children. (29)

B. Helping Parents Become Involved in Program Development and Implementation

1. The most difficult task may be to educate and involve parents, but this is ultimately an important part of the program and efforts should be continuous. (1)

2. Personal invitations to participate will work to involve parents and community members in the HIV/AIDS education process. (5)

3. Parents are most attracted to the idea that HIV/AIDS education will teach their children personal skills and therefore give them tools with which to protect their own health and safety. This is a good point to stress when trying to involve parents in a positive way with the program. (13)

4. It is important to continue to communicate about school activities and programs to parents and the community as a whole. (14)

5. It is important to have a structure in place to involve parents, e.g., curriculum review teams or parent education classes. The more they are involved, the easier it is to present sensitive information to their children. (29)

6. Sending lesson plans home with students and to clergy members alerts parents and clergy to the fact that sensitive information is going to be presented. They can then coordinate their educational efforts to coincide with those of the school. (29)

7. At PTA meetings, ask interested parents to help develop and implement your HIV/AIDS education program. (30)

8. Don't exclude any interested persons from participation in the curriculum development process. (30)

9. If state regulations permit, require parents to review the HIV/AIDS and sexuality curriculum prior to permitting them to exclude their children from instruction. (30)

10. Personally invite community members and interested parents to be part of a curriculum review committee. This will insure that your program has community support. (30)

III. Community Involvement

A. Using Community Resources in Program Presentation

1. The district health department staff may be willing and available to present explicit material that is difficult for teachers to present. (3)

2. The local health department will be a great resource. (4)

3. Bringing in other professionals to speak on HIV/AIDS and related subjects provides variety and interest and broadens the educational base for students. This strategy also lends the program additional credibility. (4)

4. Use outside speakers to help present sensitive information. (5)

5. Use community professionals such as doctors and nurses to assist in instruction. (18)

6. Working closely with your local health department will lend credibility to your HIV/AIDS program. Health department staff are valuable as inservice trainers, information resources, and as speakers for student and community groups. (23)

7. Sending lesson plans home with students and to clergy members alerts parents and clergy to the fact that sensitive information is going to be presented. They can then coordinate their educational efforts to coincide with those of the school. (29)

8. If you have no HIV/AIDS education program at your school, contact your local county health department to find people who can help you design, implement and present a program. (31)

B. Building Community Support

1. It is important to stress the health issues when presenting HIV/AIDS education proposals to school boards. It is important to be convincing, and to use good sales techniques. (2)

2. It is important to ascertain the community's standards and values in order to know what information in the curricula to emphasize. (3)

3. Personal invitations to participate will often work to involve parents and community members in the HIV/AIDS education process. (5)

4. Involve as many people as possible from as wide a cross section of the community as possible in HIV/AIDS education planning. All segments of the community, even those not directly involved with children, should be aware of and contribute to the process. (7)

5. The more involved parents and community members are in curriculum development, the easier a comprehensive health education program will be to implement. (8)

6. Have patience for the prejudices that exist in the community and learn how to work with and around them. It is important to keep offering information. (11)

7. Expect community and parental criticism of an HIV/AIDS education program and learn to take this criticism constructively. Use it to improve your program and gain community support. (12)

8. In conservative areas, it is important to involve the community as much as possible in HIV/AIDS program development and policymaking. (13)

9. Make presentations to the community in a "low-key" manner; it is important not to use "scare tactics." A matter-of-fact approach works best. (13)

10. It is important to continue to communicate about school activities and programs to parents and the community as a whole. (14)

11. HIV/AIDS education should be mandatory for students. Because it is mandatory in New Mexico, it has been easier for instructors to obtain materials, to implement a program, and to meet community resistance. (17)

12. Working to make your school an education and entertainment center for the community will create a climate where innovative educational programs can be implemented. (18)

13. In areas where there is community ignorance and/or denial about HIV/AIDS issues, it is important to carefully choose staff and materials that will cause as little controversy as possible. For example, choose teachers who are older, parent-like, and who have experience in dealing with sensitive material. Medical professionals, because of their status in the community, can sometimes best present information in a matter-of-fact, reassuring way. (23)

14. Choose HIV/AIDS curriculum materials that are sensitive to the social, cultural and religious standards of the community at large. (24)

15. Forming a curriculum committee from a broad base of community members will establish the local support necessary to implement an adequate HIV/AIDS education program. (25)

16. Provide up-to-date, accurate information at all times to maintain your program's credibility with the community. (27)

17. Invite people who might oppose sex education or HIV/AIDS education to be on a curriculum committee. Do not attempt to hide activities from the community. (29)

18. For the coordinator or director of HIV/AIDS curriculum development, choose a person who is trusted by a wide segment of the community. Such a person should a) be a long-time resident, b) have visibility, c) have a good reputation, and d) be someone who has demonstrated that they have children's best interests at heart. (29)

19. Don't exclude any interested persons from participation in the curriculum development process. (30)

20. Personally invite community members and interested parents to be part of a curriculum review committee. This will insure that your program has community support. (30)

IV. Curriculum Integration

1. In integrating an HIV/AIDS curriculum, it is suggested that for the earliest grades the information should be simple, general, not too technical, and presented in such a way as to minimize fear. As children move up in grade level, the amount and sophistication of information should increase. (6)

2. Adjust the scope and sequence of the curriculum material, regardless of which curriculum is used, to meet individual, school, classroom and/or community needs. (9)

3. Health education programs are the appropriate context for presenting HIV/AIDS information to students. (15)

4. Careful program planning and goal setting will promote the specific results that you want to achieve. (20)

5. A good place to present HIV/AIDS education is in the sexually transmitted disease component of a more general health education curriculum. (25)

V. Staff Selection and Training

1. It is very important for staff to be trained and qualified to teach HIV/AIDS education. (7)

2. Discover which are the teachers that students would most likely seek out for information or problem-solving on personal matters. Ensure that those teachers are trained in HIV/AIDS education. (7)

3. A good, close relationship between students and teachers is critical to the effectiveness of HIV/AIDS education. (10)

4. Select appropriate people from among staff to teach or team-teach HIV/AIDS curriculum. They should be willing and trained to teach. (22)

5. Choose HIV/AIDS education teachers who a) have a good rapport with children, b) are comfortable with and willing to present sensitive material, c)

have been teachers at the school at least 2 or 3 years, and d) are people who have a personal lifestyle that is compatible with the predominant values of the community. (29)

VI. Skill Building

1. Although rural areas may be sheltered to some extent from the HIV virus, children do mature and leave their home environment. It is important for schools to help prepare students for possible future exposure to the HIV virus. (21)

2. Help instructors teach personal/interpersonal skills to students in the earliest grades. Skill building will take up much more classroom time than the presentation of information alone, and it is critically important to the program's effectiveness. (25)

VII. Program Evaluation, Goal Setting, & Staying Current

1. Be committed to providing an HIV/AIDS education program. (1)

2. Exchanging information, materials and program evaluations with other school districts across the country will enrich and refine HIV/AIDS education programs. (2)

3. Pre- and post-tests given to students should be the same test so comparative results are meaningful. (3)

4. It is very important to have current information when presenting facts to students because information is constantly changing. This makes teaching the subject of HIV/AIDS a continual challenge. (11)

5. Don't re-invent the wheel. Look at what other communities and school districts are doing to institute HIV/AIDS education and choose programs that will work best for your community. (13)

6. Share curriculum ideas with other schools and learn from the experiences of other districts. (14)

7. Check the validity of new materials received for HIV/AIDS education with the state education agency or your local public health department. (19)

8. Give a pre-test to students to determine the level of information they already have, and tailor instruction to their specific educational needs. Use a post-test to determine student learning. (27)

9. Find someone at your school who really cares about providing quality HIV/AIDS education and have that person guide education endeavors. (28)

Appendix B

A Summary of Rural Features of 32 HIV/AIDS Education Programs

(Chapter references are in parentheses.)

An obvious feature of each rural school participating in this survey is small size. Perhaps less obvious are the advantages available to small schools in presenting HIV/AIDS education. The most frequently mentioned benefit of small school size is the ease of communication between students and teachers. In situations where teachers and students know each other over time, discussions between students and teachers are more open (1). This atmosphere of trust reduces students' shyness (10) and makes it easier for most students to ask questions and share concerns with teachers and peers (18). Another direct benefit of small classroom size is the ease with which teachers can tailor instruction to the particular needs of students (15, 20) and can coordinate instructional efforts with other teachers (23). The informal feedback that teachers receive from students in small classroom settings is valuable in program planning and implementation (7).

Teachers in small communities often have another advantage in presenting sensitive information: they have had opportunity over time to build trusting relationships with parents (4) and other community members (29). It is often possible for teachers to obtain very specific and valuable feedback on curriculum items (29) and to involve and/or to touch all segments of the community (7, 32). Because education in rural areas involves fewer individuals and fewer systems, it is easier for rural educators to take advantage of opportunities for communication and involvement between community and school groups (14). In some rural areas, residents are very involved in school activities and make their expertise available to the school (27).

Many rural communities reflect the predominantly conservative value systems of their citizens, and their schools have learned how to offer effective HIV/AIDS education within this context. While people may be unaccustomed to talking openly about sexual matters, the trust that can exist between people who have known each other over time can ease discomfort and fear (1). Although community resistance to new ideas has sometimes been a challenge to schools in presenting HIV/AIDS information, this challenge has been met by patience, by remaining open to everyone's ideas, by presenting current and accurate information, and by a willingness to confront and debate important issues (3, 11). Coping with community resistance has also been facilitated by a strong commitment on the part of the school to provide HIV/AIDS education and/or a state mandate to do so (12).

The need to provide HIV/AIDS education has sometimes brought in comprehensive sex education for the first time (32). In many schools, community members were involved in the curriculum development process, and the dialogue that resulted between teachers and conservative community leaders made it possible to tailor curriculum materials to the predominant values of the community (5). Many schools select curriculum materials that are compatible in language and style of approach to the expressed values and concerns of community members (2, 13, 24, 25).

Taking into consideration the conservative values of parents, many schools allow parents to excuse their child from HIV/AIDS education (8) or to choose other instruction (27). Keeping parents informed about the content of instruction and being open to their feedback has been effective in dealing with parental opposition to HIV/AIDS education (31).

A commonly reported challenge in presenting HIV/AIDS education in rural schools is denial on the part of parents and students that the HIV epidemic is relevant to them. Many parents are unwilling to believe that their children could ever be at risk (22, 23). One result of this denial is a lack of parental involvement in the educational process (17, 26). Another consequence of parental denial may be student ignorance about HIV/AIDS and about sexual matters in general (25).

Certainly student denial of risk and student misinformation are frequently encountered in rural classrooms. Many programs stress to students that their geographical isolation alone does not protect them from infection (13, 15, 16, 18, 21, 25, 28). Misinformation such as the belief that HIV infection only happens to homosexuals is also challenged (26). Although it is possible to reassure students in many rural areas that statistically their risk is perhaps lower, it remains important to adequately educate them (9, 30, 31) and increase their awareness of real dangers (6).

Many of these rural schools reported that they chose or tailored HIV/AIDS curriculum materials specifically to meet the needs of rural students. Simplicity of approach is seen as important (2, 6, 13, 16, 19) as well as matching terminology to the age and sophistication of the students (11). It has been important in several rural areas to select material that reflects the lifestyles and cultural experiences of students (9, 15, 17, 21, 24). Finally, the need to prepare rural students adequately for their probable exposure to urban populations is specifically addressed in some programs (14, 26).